ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH ALLEGANY b. COUNTY ALLEGANY the d 2 MARYLAND CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) CUMBERLAND , MD . CUMBER LAND, MD. HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL & WARWICK AVE. 121 WEST SECOND ST YES NO NAME OF Middle DECEASED JULY (Type or print) DEATH 1961 JAMES ADMMS 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) The law requires that the death certificate 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) W.VA. -St. George U.S.A CONDUCTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please WILLIAM F. ADAMS LAURA J ROY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. War 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY n da IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from (C) 22b. DATE 22e. SIGNATURI SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. RICHARD SCHINDLER 69 GREENE ST., CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Terra Alta Cemetery Terra Alta, 3,1961 Burlal 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Frank F. Scarpelli, Cumberland, Md. 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY ALLEGANY by the and 2 death. MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) CUMBERLAND CUMBERLAND d, NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE MEMORIAL HOSPITAL ON A FARM? 201 GRAND AVENUE YES NO 3 MEMORIAL & WARWICK AVES. Middle 4. DATE Month DECEASED OF (Type or print) DEATH APPEL JULY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR lest birthday) Months WIDOWED DIVORCED yrs. WHITE 10e, USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WEST VIRGINIA Manning Retired Carpenter Foreman Railroad U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 affending HANNAH STORBS a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) [(Ifyesgive war or detes of service) CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one ceuse per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve risa to immediate causa (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH JUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED. 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work, 19.6.1., that (I) (we) last ... and that death occured an 45MA Hom the causes and on the date stated above. saw the deceased alive on .. 22a. SIGNATU STAFF MIGNED DIRECTOR M.D. 22d. NAME (Type) VIRGINIA AVE., CUMBERLAND, MD. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 후 중 0 Cumberland, Md. Memorial Cem. Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Scarpelli Cumberland M. 15M 9/60 Cirching & Kraus

CHANYSAM CANTERNO CANTO CURRENTALE MERCHAL RESPITAL LEMENT & WIRTING AVES. ALIGNOM A. ARRELL WOTER FA HOLL E HORNON E bettred Carpenter foreign mailross (EST Vischtit Mamilus U.S.A. - ON CHARGE TO THE PROPERTY OF THE PARTY NO. West Brown Weeken Alexander & Madeira from the Contrador la Contrador Town Outer than the world .O. CONTREMOD. . ZVA ANTENET 13 VARGINA AVI., COMERIAMO. NO. Eurich carretes : avis Semoria Cem. Charles in James 1. Sourgall Comperland . 1

the State Health. For death. For death. For death. For death. For death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7399MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 07389

1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	o. STATE Mary	there deceosed lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) Cumberland	c. LENGTH OF STAY IN 16		outside corporate limits, write RI imberland R.F.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit Memorial Hospital	tal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARMS YES NO
3. NAME OF DECEASED (Type or print) Carl First Fred	derick John	Bierman	4. DATE OF July	27° 1961
5. SEX Male 6. COLOR OR RACE WIDOWED WIDOWED		Dec. 11, 18	The state of the s	IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) B&d	nd of Business or Industr O Railroad	RY 11. BIRTHPLACE (State	or foreign country) Maryland	U.S.A.
13. FATHER'S NAME Frederick Bierman	n	14. MOTHER'S MAIDEN N Minnie	Schultz	
)5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or synthown) (If yes, give wor or doler of service)		FORMANT Carl Bierma	Address an, Jr. R.F.D). Rt. 4, Cimb
18. CAUSE OF DEATH [Enter only one cause per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. (c)		SCLEROSIS		onset and death 2-4 hrs.
PART II, OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter noture of injury in Part	I or Part II of item 18.)	
Haur a.m. While	Not while of work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I took charge of the re opinion death resulted from: Natural co	emains described aborduses Accident [, Suicide , H	Homicide , Undetern	Inquiry 🔀, and in my mined manner [] DATE SIGNED 27, 1961
	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or Cumberland,	county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli	108 Van er Ye	nd Md DATE	16 7 161	RAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any death the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to extend the Chief Medical Examiner's Office along with farm PM3. Page 5 may to PANER TOR: One 3 should be seed as a build-tronsit permit. File pages 1 and 2 with farm prior to buring, cremation, or removal, and in any event within 72 hours offer an Its designated agent, prior to buring, cremation, or removal, and in any event within 72 hours offer an Its designated agent, prior to buring, cremation, or removal, and in any event within 72 hours offer an Its designated agent, prior to buring. VS. A15ME 5M 2/57

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions a. COUNTY b. COUNTY by the and 2 death, Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Cumberland 49 years .5 ... Cumberland filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO TO Maryland Ave. 517 Maryland Ave fely NAME OF DATE Middle Month DECEASED OF Bolinger (Type or print) Harold DEATH 1967 July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months Devs Hours Male WIDOWED [DIVORCED April 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Self Employed General Contractor Cumberland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME law requires that the death Marry G. Bolinger Maude Evler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or detes of service) Mrs. Maude Bolinger, Cumberland, Md. physician. War INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line fgr (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PHYSICIAN: the hospital or this certificate ha the he PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO · use 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) ched for Health pr OR: After thi retained by TOR: After t MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from DIRECT(3 should be , and that death occurred a 2.30 M, from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS M.D. 22d. 22c. PHYSICIAN'S Cumberland, Md. Schindler Greene Dt. Blane NE I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Greenmount Cemetery Cumberland, Md. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Kraus DATE JUL 6 Scarpelli, Cumberland, Md. 15M 9/60

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL

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	PLACE OF DEATH a. COUNTY	Allegar	ī.	MARYLAN	1 0	SUAL RESIDENCE	(Where dece	1 00	nstitution: DUNTY	Residence be		sion)
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	OR INSTITUTION	AL (If not in hospital, g		Infirmary	1	Rt.	- 4	Triple	Lal	ke)	ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fir Lov	st	Middle John,		lost Broome	4. DA OF DE		Month uly	30	Day	Year 1961
S.	Male Male	6. COLOR OR RACE	7. MARRIE	DIVORCED		TE OF BIRTH	2	9. AGE (In last birt		Months Days	+	Min.
1	during most of working Retired: FATHER'S NAME	ing life, even if retired	ropr	ind of Business or in	ery	West Worther's Maidi	Tirgii EN NAME	nia	ica	U.	S. A	
	WAS DECEASED EVER		CES? 16. S	OCIAL SECURITY NO.		MANTP.O.E	30x 5	99,	Addres	Cumbe Reco	_	d,Md
Z	Conditions, if or gove rise to in couse (o), stating t lying cause last.	the <u>under-</u> DUE TO	, they are	lerio-i	di	etrous eron	lio.	See see	ile	0	NSET AND	D DEATH
CERTIFICATION	20g. ACCIDENT WA			RIBE HOW INJURY OCCU						THE PART TO		ORMED?
MEDICAL CEI	(IF EITHER, NOTIFY	MEDICAL EXAMINER) Y Manth, Day, Ye	While	JURY OCCURRED 20e		DF INJURY (Home, street, affice bldg.		(City or town)		(Count	у)	(Stote
	21. I certify that saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		29/6	athews	T) 3/4"	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF	ses and	on the da	//31/	d abave 2b. DATE SIGNED
23	a. BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMETER	Y OR CRE	MATORY	23d. L0	OCATION (City,	town, or	county)	(Sto	ote)

Fort Ashby Cem.
ADDRESS

Cumberland, Md.

Ashby W. Va.

Ciriling & House

250. REC'D BY REGISTRAR

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DATE AUG 3

8/1/61

24. FUNERAL DIRECTOR'S SIGNATURE
H. Wayne George

VR A1S (4) 1SM 9/S9

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RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence a. COUNTY b. COUNTY BEDFORD ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) writa RURAL and give neerest town) **HYNDMAN** DAYS .5 -CUMBERLAND filled AVES street address) e. IS RESIDENCE d. NAME OF d. STREET ADDRESS ON A FARM? YES HOSPITAL pletely 3. NAME OF Middla 4. DATE Month Year DECEASED OF 6 JULY **BURNS** CHARLES (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 5, SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours Min. MALE WIDOWED [DIVORCED -19-1 10a. USUAL OCCUPATION (Give kind of work physician 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foraign country) dona during most of working life, even if ratirad) U. S. A. Banking Business man PENNSYLVANIA attending ph Then please r oval, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALLIE WHITTAKER FRANK BURNS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yas, no, or unkown) | (Ifyasgivawarordatesofservice) No HOSPITA attending physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one geoga per line for (a), (b), and (c ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to Immadiata cause DUE TO (a), stating the undarlying causa last. CONDITION GIVEN IN PART 1(a) PART II, OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [for OR CONTRIBUTING CAUSE OF DEATH WEDICAL After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Hour a.m. While Not Whila at work at work 3 should be de p.m. 21. I certify that (I) (this hospital) attended the deceased from from the cluses and on the date stated above. saw the deceased alive on. and that death 22a. SIGNATURE DATE ATTENDING MED. Win DIRECTOR PHYS. PHYS. MD. th. Page 4 22c. PHYSICIAN'S NAME Hype) 22d. ADDRESS Cumberland, Faw. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, 23b. 20.1961 Hyndman, Pa. Hyndman Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS VR A15 (4) JUL 2 4 '61 arthur S. Kraus Hyndman. Pa. 15M 9/60

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law requires that the death

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Authority of the Hyndman, Pa. Hyndman, Pa.

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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7404 CERTIFICATE OF	DEATH
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Reg. Dist. No. 07394

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg.
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 139 Center St.,	d. STREET ADDRESS 139 Center St., 130
3. NAME OF First Middle (Type or print) William John	Capel 4. DATE Month Day Year OF DEATH July 5, 1961
	8. DATE OF BIRTH Sept. 25, 1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter Construction	Fayette Co. Penna. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Capel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Eliza Shriver
(Yes, no. or unknown) (If yes, give wor or doles of service) 220-07-6851 Mr	TOO A TOO MICE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 thromboses Interval Between ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	y Teleroses?
(4)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMER? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while fool of work 0 of work 0	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that lattended the deceased fram July and that death actual signature PHYSICIAN'S NAME (Type)	3., 1961, to July 3, 1964, that I last saw the deceased accurred at 6.00 AM, from the causes and an the date stated abave. ADDRESS istrest city or town, state) M.D. FORE SIGNED M.D. FORE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 7/7/61 Frostburg Me	emorial Park Frostburg, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Md. DATE 24b. REGISTRAR'S SIGNATURE Circling & through

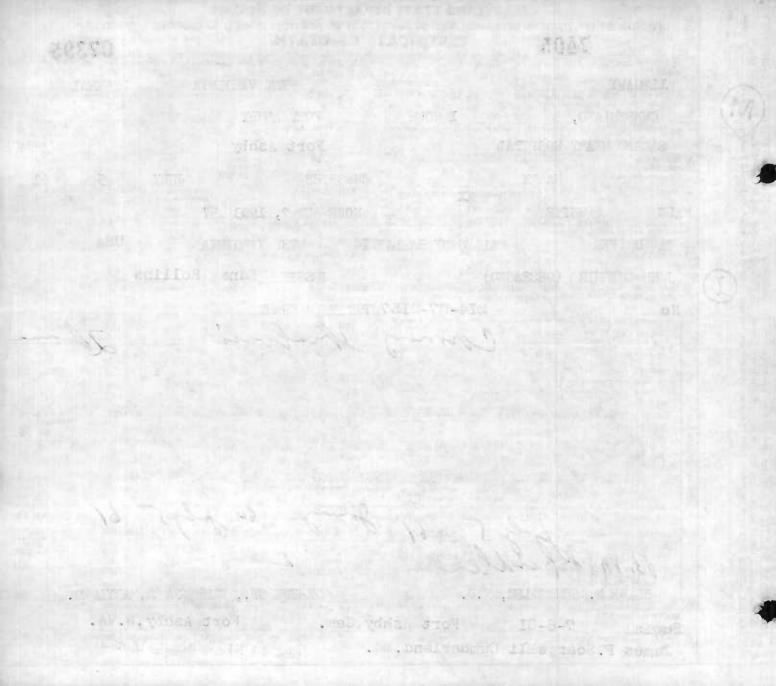
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CERTIFICATE OF DEATH 7405 funeral within 24 hours after 1. PLACE OF DEATH e. COUNTY e. STATE ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) CUMBERIAND. 1 HOUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS SACRED HEART HOSPITAL NAME OF First Middle DECEASED (Type or print) HARRY CHESHIRE 8 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH and MALE WIDOWED DIVORCED event, physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) CAB DRIVER ALLEGANY BALLASTIC 13. FATHER'S NAME attending | Then please The law requires that the death JOHN CHESHIRE (DECEASED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give war or detes of service) 214-07-0157 ending physician. been signed by the 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), BART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) has been signed he burial-transit p DUE TO aftending Conditions, if eny, which (b) geve rise to immediate causa DUE TO (a), steting the underlying ceuse last. PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate Se 0 nse prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this 3 should be detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. | certify that (1) (this hospital) attended the deceased from saw the deceased alive be 22e. SIGNATURE ATTENDING MED PHYS. M.D. NERAL 22d. ADDRESS NAME (Type BLANE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) A G TO TO Fort Ashby, Cem. Burial OH 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland . Md . DANL 11 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) b. COUNTY MINERAL WEST VIRGINIA c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) a. IS RESIDENCE ON A FARM? Fort Ashby YES NO 4. DATE Month Day Year OF DEATH JIII.Y 19 67 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys 12. CITIZEN OF WHAT COUNTRY? USA VTRGINTA 14. MOTHER'S MAIDEN NAME Rollins Edna INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO A (County) (Stete) 20f. (City or town) that (I) (we) last 22b. DATE SIGNED DIRECTOR PHYS. GREENE ST. CHMBERIA ND MARYTA ND 23d. LOCATION (City, town or county) (State)

Fort Ashby W. VA.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residen 1. PLACE OF DEATH a. COUNTY b. COUNTY Mineral W. Va. in by the s 1 and 2 ster death. Allegany

b. CITY OR TOWN (if outside corporete limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Ridgeley Cumberland . IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO TO Sacred Heart Hospital NAME OF Middle Month DECEASED DEATH Coffman July 19 61 (Typa or print) Charles Henry 10 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX lest birthdey) Hours male WIDOWED DIVORCED May 1 12. CITIZEN OF WHAT COUNTRY! 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Ridgeley, W. Va. Maintainance Foreman Town of Ridgeley theaS. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Edward S. Coffman Jenny Zimmerman Ridgeley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas giva wer or detes of sarvice) Mrs. Aletta F. Coffman 14 Silver St 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart Disease L vears IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(=) 19. WAS AUTOPSY PERFORMED? NO prior Diabetes Mellitus

20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from 3 - 4 157, to7 - 10 1961, that (I) (we) last saw the deceased alive on 7 = 10 ..., and that death occurred 25 M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING STAFF SIGNED R DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) R. W. BALLIN, M.D. GREENE ST .: CUMBERLAND, MD. 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Sunset Memorial Park Cumberland. Md. Burial 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE JUL 1 4 '61 VR A15 (4) allim S. Thrus Cumberland, Md. H. Wayne George 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Allegany Allegany o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cumberland Fros thurg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Sacred Heart Hospital 114 Mt. Pleasant Street NAME OF 4. DATE Middle DECEASED OF DEATH (Type ar print) HENRY CONNELLEY JAMES 9. AGE |In years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH M WIDOWED [2-27-1906 55 yrs. DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Sterotype-pressman &Alleganian Frostburg Times 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Anna Metzner Connelley Patrick Address Cumberland, Md. Page 17. INFORMANT IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Joseph T. Connelley. 531 N. Center St., Give Yes 220-10-2127 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION. LEFT VENTRICLE, Large IMMEDIATE CAUSE (a) **DUE TO** CORONARY OCCLUSION Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying SCLEROSIS, OLD: THROMBOSIS, RECENT cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year i 20f. (City or town) factory, street, affice bldg., etc.) Nat while a. m. at work at work 21. I certify that I taok charge of the remains described above, held an Autapsy (7), Inspection (7). death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause CHIEF MEDICAL EXAMINER SIGNATURE D ERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER July 17, 1961 BENEDICT SKITARELIC, M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) St. Michaels Cemetery Frostburg Burial 23. FUNERAL DIRECTOR'S SIGNATURE Hafer 24b. REGISTRAR'S SIGNATURE Fune Home 24a, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Main, Frostburg, Md. DATE JUL 21 '61

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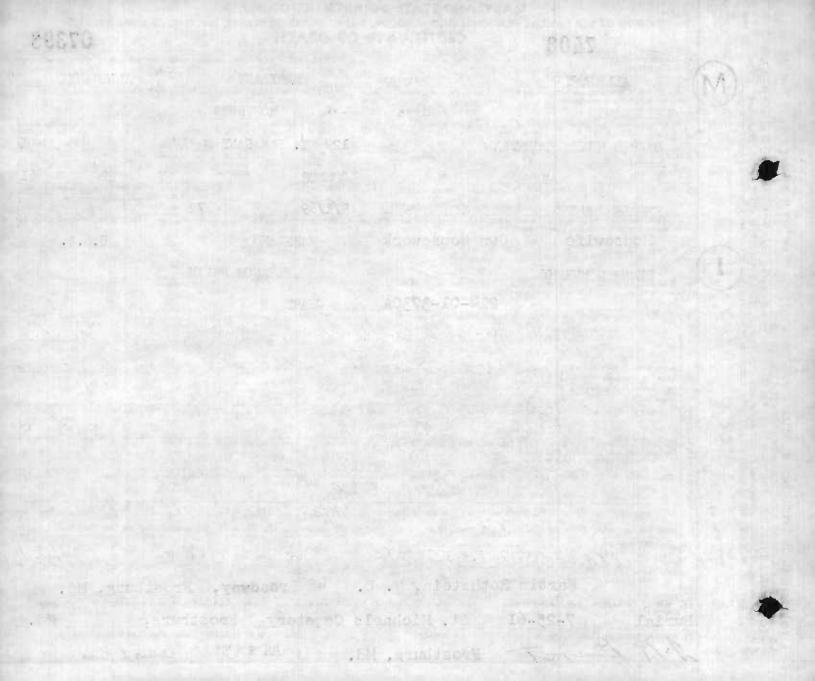
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7408 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY b. COUNTY ALTE GANY MARYLAND ATTHECANY b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) write RURAL end give neerest town filled in I 6 days FROSTBURG after CHMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X PLEASANT Middle DATE DECEASED OF (Type or print) DEATH CONNOR 19 61 22 0 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) and Months WIDOWED Y DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Housework MARYLAND U.S.A. 13. FATHER'S NAME attending pt Then please r 14. MOTHER'S MAIDEN NAME .9 BERNAPD MURPHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yes, no, or unkown) | (If yes give we rordetes of servica) ian. CHART 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c) INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physici signed IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which After this certificate has been geve rise to immediata cause DUE TO (e), steting the underlying ceuse lest. the hospital or PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? for use as 0 NO NO prior 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSA OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) No While While at work el/work DIRECTOR 2 19.6 , and that death occured at 0.4 M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE SIGNEC PHYS. DIRECTOR NERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Martin Rothstein. M. D. Broadway, Frostburg, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, (State) Burial (Specify) F G St. Michaels Cemetery Frostburg, Md. POH 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATEJUL 25 '61 arthur & Kroue Frostburg, Md.

within 24 hours after

law requires that the death certificate

ARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY the d 2 MARYLAND in by th b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 CUMBERLAND, MO. CUMBERLAND . MD . 2 DAYS Pages filled d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

MEMORIAL HOSPITAL ON A FARM? 107 MEMORIAL AVE. EXT YES NO & WARWICK AVE. NAME OF Middle Day Yanz DECEASED OF CLYDE COOK, JR. DEATH (Typa or print) D JULY 16 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthday) and Months Days Hours 4-28-1946 MALE WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratirad) CUMBERLAND.MD. U-S-A Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLYDE D. COOK, SR. FRANCES GROVE 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or dates of sarvica) MEMORIAL HOSPITAL , CUMBERLAND, MD. No attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE (a) DYSTROPHY MUSCULAR Conditions, if any, which gava risa to immediata causa burial, has cause last PHYSICIAN: the hospital or a the WAS AUTOP PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED certificate PERFORMED as to NO YES Drior 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING [for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 Month, Day, Year 2Df. (City or town) (County) (Stata) 2Dc. TIME OF INJURY factory, streat, offica bldg., etc.) Whila Not While Hour am al work at work DIRECTOR:, 19......, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... and that death occured at 2:30P Me the causes and on the date stated above. 22b/DATE SIGNATURE 22a. ATTENDIN SIGNED DIRECTOR M.D. ERAL GNAME (Type) DR. S.G. WEISMAN GREENE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) Sunset Burial Park Cumberland, Md. 9 O Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Cumberland, Md. JUL 21 '61 ciring & thous 15M 9/60

within 24 hours after

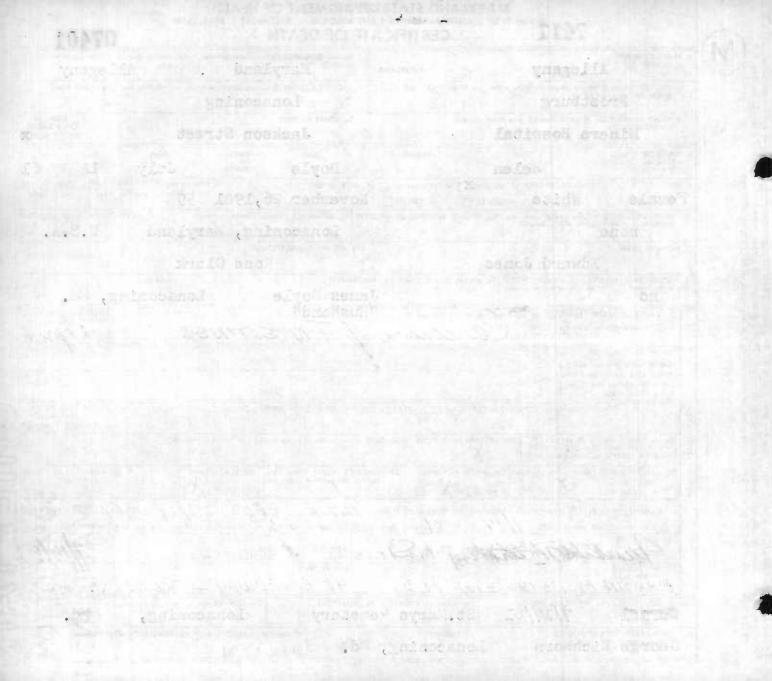
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7410 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the d 2 MARYLAND Maryland by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give neerest town) rs. Pages 1 ahours after Frostburg Frostburg Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Miners Hospital YES NO V Mill 3. NAME OF Middle DECEASED OF (Type or print) DEATH 61 Charles 19 Dewey Dickey July and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months 24th, 1899 WIDOWED DIVORCED Male 1De. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret.Foreman Refractories Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Evans John W. Dickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we ror dates of service) Frostburg, Md. Mrs. Ethel J. Dickey. 18. CAUSE OF DEATH [Enter only one couse-per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 2De. ACCIDENT WAS UNDERLYING DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL (EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) factory, street, difice bldg., etc.) Not Wille While Hour e.m. et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from JUNE saw the deceased alive on...... 22a. SIGNATURE 22b. ,DATE ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Broadway, Frostburg, Md. Martin M. Rothstein. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (Stete) REMOVAL (Specify)
Burial F'bg.Memorial Park Md. Frostburg. OF ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUMERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Frostburg, Md. DATEJUL 1 0 '61

MARYLAND STATE DEPARTMENT OF HEALTH

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)		PLACE OF DEATH	Allegany		MAR	YLAND			Where deceased lived	d. If institution: b. COUNTY	Residence be		
	ŀ	RURAL and LIVE	(If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	_	f outside corporate li aconing	imits, write RURA	AL ond give	nearest to	wn)
1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Hiners Hospital Jackson S							son Str	eet		ON	ESIDENCE A FARM?	
	3. NAME OF DECEASED (Type or print) Helen Middle Doyle 4. DATE OF DEATH July									Day 14	79 61		
	_	emale	White	WIDOW	h-cul	ED 🗆	B. DATE OF BIRTH Novembe	er 2	26,1901 "	59 yrs.	UNDER 1 YE	s Hour	Min.
		during most of we	ION (Give kind of work orking life, even if retired O	done 10b.	KIND OF BUSINESS	OR INDU	Lona	con	ing, Ma			U.S.	A.
		FATHER'S NAME	Edward J				14. MOTHER'S		Rose Cla				•
1	1S. (Yes	WAS DECEASED EV s, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY N		ames Do	yle		Address Lonacoi		Md.	
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		20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING I IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury i	in Port I or Port II of	item 18.)			
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7		22c. PHYSICIAN'S	tranco	Tha	teing his	2,	M.D. ATTENDING PHYS. 22d. ADDRES	40	MED. ST DIRECTOR PH	AFF HYS.		7/1	SUBNEC
		MAR TTI	VM. ROTA	STE),	48 B	ROI		- FROS	TBUR	9-11	20
		BURIAL, CREMAT	y) 7/17/	61	St. Mary	S E	metery		Lona	(City, town, or coning	,	Md.	tote)
A	24.	George	r's signature Eichhorn		Lonaconi	ng,	Ma		C'D BY REGISTRAR	25b. REGISTR		TURE	



B. CHY OR TOWN [If outside corporate limits, write 2 LENGTH OF STAY IN 16 C. CHY OR TOWN [If outside corporate limits, write RUBAL and give Fecrest town RUBAL on a give Fecrest RUBAL on a give Fecrest town RUBAL on a give Ferritain RUBAL		PLACE OF DEATH COUNTY FILE OAN 4	MARYLAND	2. USUAL RESIDENCE (Where deco	eased tived. If institu b. COUNT		
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6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH ON JUSTAL OCCUPATION (give wen if retired) DIVORCED DIVORCED HOVER TO JUSTAL SECURITY NO. 12. CITIZEN OF WHAT COLOR OF WHAT	- (DECEASED	1 -	OF OF		1 0	y Year
DOLLAND COLURATION Give kind of work done of the during most of working dise, even if retired) 12. CITIZEN OF WHAT CI CIMBEY and Wd. U.S.A. 13. FATHER'S NAME HEN YU HIM YN &V S. WAS DECASEDEVER IN U.S. ARMED FORCES? I.S. SOCIAL SECURITY NO. 14. MOTHER'S MAIDEN NAME Leopold In a Feling of Y S. WAS DECASEDEVER IN U.S. ARMED FORCES? I.S. SOCIAL SECURITY NO. 15. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cuffed Thurshows With Continuing C	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER	R MARRIED	8. DATE OF BIRTH	9. AGE (In year	Months Days	IF UNDER 24 H
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tomo Stem Onc. Comberland, and. DATE JUL 12'61 allun S. Thrus	MEDICAL CERTIFIC	Conditions, if any, which gave rise to immediate cause (a), stoting the under. lying couse tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of work of	M. D. OF CEMETERY CO. S	Internative at injury in Port I or LACE OF INJURY (Home, farm. 201. LACE	CATION (City, town) CITY OF TOWN) CLY 19 CITY OF TOWN CONTRACTOR CONTRACTO	(County) Lithat I last so and on the da n, state) Lithary my (PERFORME YES NO NO The stated of the state

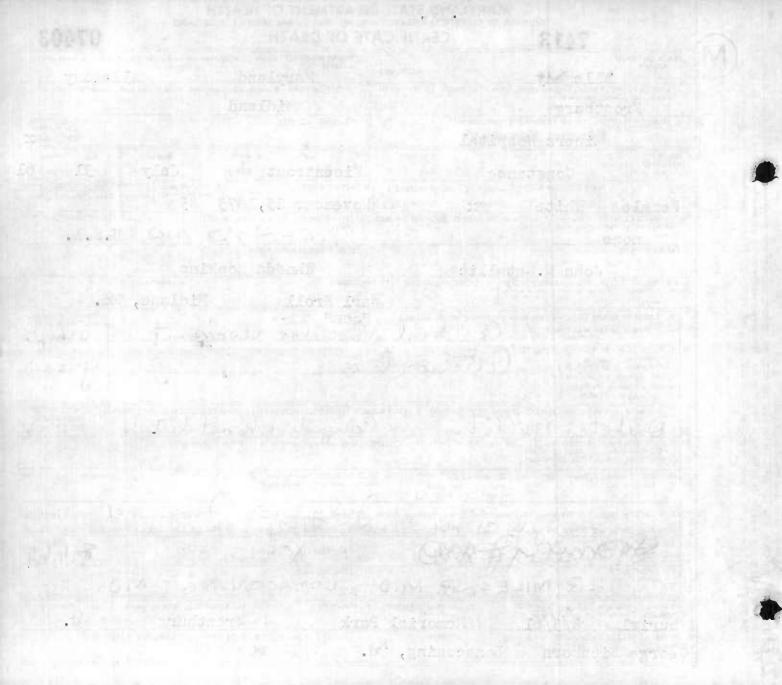
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M	A	RYLAND	STATE	DEP	ARTME	NT	OF	HE/	ALTH	
ION	OF	STATISTICAL	RESEARCH	AND	RECORDS	— E	BALTIM	ORE	1, MARYLA	ND

7413 CERTIFICATE OF DEATH

07403

1	1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA		USUAL RESIDENCE (Wo. STATE Mary)		b. COUNTY	Residence befo	re admissio	on)
	b. CITY OR TOWN RURAL and give	(If outside carporate lim nearest tawn)	its, write c.	LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (IF		limits, write RURA	L ond give nec	rest tawn)	
à		stburg PITAL (If not in hospital,	nive street add	ress)		d. STREET ADDRESS	Land			e. IS RESII	DENCE
	OR INSTITUTION	4				d. Seett Abbress				ON A	FARM?
		Miners Ho	spita			-				YES	NO
	3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Month	Do	y Y	ear / =
	(Type or print)	Consta	ance		13	isentrout	DEATH	July		31 1	9 61
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. D	ATE OF BIRTH	9. 4	GE (In years IF	UNDER 1 YEAR	1	
	Female	White	WIDOWED		_ 210	vember 25	TOLD	85 yrs.	onths Doys	Hours	Min.
	10o. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b. KIN	ID OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign count	(y)	12. CITIZEN O	F WHAT CO	SYNTRUC
	non		"			171041	9 N D	NIQ	U.S	.A.	
1	13. FATHER'S NAME				1.	MOTHER'S MAIDEN	NAME				
		John H.R.	etalli	c	100	Rhode	la Hopk	ins			
/	1S. WAS DECEASED EN	VER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFOR	MANT		Address			
	no	(if yes, give wor or dates of	service)		Ear	1 Kroll		Midland	, Md.		
		EATH [Enter only one co	ouse per line fo	ar (a), fb), and (c),	115	onii		1 1		ERVAL BET	
	PART I. DI	EATH WAS CAUSED BY:	(Vo)	Vorsel or	16	DC 1 VAA	(Dani	dont)	SET AND	BALC
	23	DUE TO O									
	Conditions		(), t	Lenn's	0	× × ×			1	100	. ^
		gave rise to immediate									
	cause (o), statin)							7	
	lying couse los			TRIBUTUS TO DELT	TI BUT NO	PELATED TO THE TERM	mini Diestes Co	ALDITION COURT	IN LINE BY NAMED IN	10 MAG A	LITORCY
	PART II CO	THER SIGNIFICANT CON	IDITIONS CON	-	H BUI NO	RELATED TO THE TERM	INAL DISEASE CO	DUDITION GIVEN	IN PART I(a)	PERFO	RMED?
	5 that	eles m	elle	us	Le	ngeshu	neor	T- jalle	ne	YES	ио Д
	OR CONTRIBUTION	VAS UNDERLYING GC CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OC	CURRED. (E	nter nature of injury in	Port I or Port II o	of iten(J1B.)			
		JRY Manth, Day, Ye	or 20d INIII	RY OCCURRED 2	Oe. PLACE	OF INJURY (Home, far	m, 20f. (City or	town)	(County)		(State)
	ZOc. TIME OF INJU	. 10	While of work	Not while		street, office bldg., et			(000)		(5.2.7)
	21 Learning th	nat (I) (this bespita	1) attended	the deceased f	L may	way 10	56 10	- Du	1961, 11	at (1) (v	un) last
		ased alive an				94.2	14 6				
	220. SIGNATURE	osed drive dri	9		nar aeai	h accurred atok	I'M, Irom the	causes and c	on the date		DATE
	THE STATE OF THE S	and.	1	nss)	M.D.	ATTENDING A	AED.	STAFF PHYS.		9.1.	SIGNED
	22c. PHYSICIAN'S	10000	111	14.0	M.D.	22d. ADDRESS	IKECIOK []	П13.		9.1.	101
	NAME (Type)		LES,	JR. M.	D.	1	CONIN	16 1	MO.		
	23a. BURIAL, CREMAT		OF 2	3c. NAME OF CEMET	ERY OR CE	EMATORY	23d. LOCATION	(City, town, or c	ounty)	(State	2)
	REMOVAL (Specif	8/3/67		Memoria	l Par	k	Fros	tburg		Md.	
	24. FUNERAL DIRECTO	R'S SIGNATURE	178	ADDRESS	75.9		D BY REGISTRAR		AR'S SIGNATU	RE	PTC I
1	George E	ichhorn	Lona	aconing,	d.	DATE	AUG 4 '61		4 3 4		
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			7414		CERTIFIC		<u> </u>		
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		CUMBERLA	if outside corporete lim I give neerest town) ND	ls,	e. LENGTH OF STA		c. CITY OR TOWN	MBERLAND	
		MEMORIAL MEMORIAL	HOSPITAL,			ess)	d. STREET ADDRES	is MONTG	OMER
		NAME OF DECEASED (Type or print)	First	ORGE	Washing	ton	EMERICK EMERICA	4. DATE OF DEATH	
-	5.	SEX MALE	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED	B.	JULY 29, 18	388	AGE (In last birti
-	do	. USUAL OCCUPAT	TON (Give kind of work bright life, even if retire Conductor	(10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Co		foreign co
	-	FATHER'S NAME	EMERICK	, ,	, 0 0, III		PENNA .	N NAME	
/	15. (Ye	WAS DECEASED EV	ER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO		MARTHA I		-
			DEATH [Enter only one H WAS CAUSED BY:	couse per	A A A		MORIAL HOS		uba
	DUE TO								
		Conditions, if engage rise to Immed (e), steting the u	iete ceuse						
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	WEDICAL 238	geve rise to Immed (e), stelling the uceuse lest. PART II. OTHE 20s. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour e.m., p.m. 21. I certify saw the decea 22s. SIGNATURE 22c. PHYSICIAN'S NAME (Type	iete ceuse Inderlying DUE TO (c) R SIGNIFICANT CONDI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Dey, Ye That (I) (this hospi sed alive on	20b. DES er 20d. While of wo tall) aftern	INJURY OCCURRED Not While of work detection of work detection of the deceased when the deceased with t	20e. PLACE fectors and that c	Enter nature of injury E OF INJURY (Home, fix, street, office bldg., of	arm, 20f. (Circle), 19 Let to. 15 At Mron MED. DIRECTOR 23d. LOC	or town) or town) the case STAFF PHYS.

MARYLAND STATE DEPARTMENT OF HEALTH

IMORE 1 MARYLAND

TE	OF DEATH			07	7404
2.	USUAL RESIDEN o. STATE	CE (Where decess	b. COUNTY	Non: Residence b	
	e. CITY OR TOWN (
10		BERLAND			
1	d. STREET ADDRESS	7 MONTGOM	ERY AVE.		ON A FARM?
- ()	Last	4. DATE OF	Month	Day	Year
1	EMERICK	DEATH	JULY	11	19 61
	ULY 29, 18	1 1-	GE (In yeers IF UN st birthdey) Mon 72 yrs.	IDER 1 YEAR IF	UNDER 24 HRS.
	II. BIRTHPLACE (Cour		1	CITIZEN OF W	HAT COUNTRY
	PENNA .	Somerset		U.S.A.	
INF	MARTHA KE	ENNELL	Address	AND MD.	
er	rkemi	a, Bul	rolute	ONSET 2	AL BETWEEN AND DEATH
IOT RE	ELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN IN	PART 1(a) 19. \	WAS AUTOPSY PERFORMED?
D. (En	nter nature of injury in	Pert I or Part II of i	item 1B.)		
	OF INJURY (Home, farr street, office bldg., etc		town)	(County)	(Stete)
	9 dune				
M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7/1	226. DATE 2/61
	122 S	CENTRE	ST., CUM	BERLAND	MD.
OR	CREMATORY	23d. LOCATIO	ON (City, town or	county)	(State)
	tery		ittsbur		
			200000	31 -011	na.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

C	FRT	IFICA	TE OF	DEA	TH

07405

1. PLACE OF DEATH					ENCE (W	here deceased	lived. If institutio	n: Residence be	efore admi	ssion)
o. COUNTY	Allegar	ıy	MARYLAND	o. STATE M	aryl	land	b. COUNTY	Alle	gan	y
	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If	outside corpor	ote limits, write RL	JRAL and give r	nearest tov	vn)
RURAL ond give n	rland		6/24/1961	07. C	umbe	rland				
d. NAME OF HOSPI	TAL (If not in hospital, g	give street o	oddress)	d. STREET A	DDRESS			1750	e. IS RE	SIDENCE
OR INSTITUTION	egany Cou	inty	Infirmary	1 5	40 I	Easter	n Avenu	10		A FARM?
3. NAME OF	Fic	rst	Middle	Last		4. DATE	Mont	h	Day	Year
(Type or print)	Alie			Fette	rs	DEATH	July		11,	1961
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years last birthday)	Months Doy	_	
Female	White	WIDOWE	DIVORCED [6/5/18	73		last birthdoy) 88 yrs.	MONTHS DOY	s nours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote	e or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY?
Housewif				Town	Cre	ok. M	aryland	U.	S.	A .
13. FATHER'S NAME				14. MOTHER'S						
	William D	icka	n	Rebece	a A	nn Rol	binette			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT P				ess Cumbe	rlar	nd, Md.
No. or unknown)	(If yes, give war or dates or	service)		llegany			-		rds.	-
	ATH [Enter only one co	ouse per lin			6			11	NTERVAL B	BETWEEN
PART I. DE	TH WAS CAUSED BY:	Si	18000	7/10/01	000	21 7	0	O	NSET AN	D DEATH
1 260×	IMMEDIATE CAUSE (c		~ recey	and the second	March all and	7	-18			
Conditions, if		10	2 1 D 2 2	· CA	11	/				
gove rise to	mmediate) Le	ed a green	7	26-6-7					
couse (a), stating lying couse lost.								2 75 12		
	, ,	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERA	AINAI DISEASE	CONDITION GIVE	EN IN PART 1/o	1 19. WAS	AUTOPSY
OTA	TER STOTTITE COT		OTTINIO III TO TO DESTITE	THO REBUED TO	THE TERM	THE DISCUSS	CONDINGINGIN	214 114 17 114 140	PERF	ORMED?
200 ACCIDENT W	AS LINIDERIVING [7]	20h DESC	RIBE HOW INJURY OCCURR	FD (Enter nature of	injury in	Port Lor Port	II of item 18.1		112	7 140 []
G (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	NIDE TION INSURY OCCUR.	ED. (EINO NOTOTO O	111017 111					
	RY Month, Doy, Ye	ar 20d. IN		LACE OF INJURY (or town)	(Coun	ty)	(Stote)
Hour o.m.	19	While of work	IAOI MUILE	octory, street, office	blag., et	rc.)				
	- 4 / IV / 4L '- L '-	I		6/24/6	119	0 4-	7/11/61	10	45-4 /11	/····· \ 1 ···· (
21. I certify in	or (I) (Inis nospira	/7 7 /6	ed the deceased from	deoth occurred			4	, 19,		
saw the decea	sed dive on	11/0	19, and thot	deoth occurred	01	M, from	the couses on	d on the do		2b. DATE
1 /1	11.			ATTENDING		MED.	STAFF	-	1/79	SIGNED
22c. PHYSICIAN'S	Weste	144	5	M.D. PHYS.		DIRECTOR LA	PHYS.		1751	/61
NAME (Type)	Dr. Lee E	. Ma	thews			ne St	Cumb	erland	l. Mo	4.
23a. BURIAL, CREMATIO			23c. NAME OF CEMETERY				ION (City, town, o			
REMOVAL (Specify) 236. DATE INCKE	4							(510	ote)
Burial 124 FUNERAL DIRECTOR	S SIGNATURE	1	Prosperity	Christia	~	Ner D BY REGIST	Flintston	TRAR'S SIGNA	TURE	
								Critur S. 7		
John J.	Haier, Cum	perlar	nd. Maryland		DATE	Adr I .				

20250					121		
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	BOURNA DE CO	- OUR	- Name -	Campa	gasge!		
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	A TOWN						
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		n and an and an	organization				

FOR S	TATE I DEPT.
XAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ained for your files. R. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of Health,	My one of the control
XAMINER: This certificate should be execute writing the ward "pending" in pendil in the Chief Medical Exominer's Office of it Page 3 should be used as a burial-transit	T) prior to dortor, cremontor, or temovol, and in any event within

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7416 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Peg D	tes h	U	4	4	U	U

PLACE OF DEATH				2. USUAL RESIDENCE (Where deceas			ce before ad	mission)
	llegany		MARYLAND	o. STATE Md.		b. COUNT	Alle	gany	
b. CITY OR TOWN	(If outside carporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	porate limits, write			lown)
and give nearest to									
MCCOO.	le. Md.			Near Dan	ville	Ma.	1	1 10	SECURE LOS
G. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospi	ital, give street address)	d. SIREET ADDRESS			1	0	RESIDENCE N A FARM?
				Rt. # 3	Keys	er. W.	Va.	YES	□ NO VIX
NAME OF	First		Middle	Last	4. DATE	Mant	h	Doy	Year
(Type or print)	Henry		Clay	Flanagan	DEATH	July		24	1961
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years	IF UNDER 19	YEAR IF UN	DER 24 HRS.
Male	White	WIDOWED	DIVORCED V	Nov 2 10	112	10st birthday) 48 yrs.	Months Do	ays Hour	Min.
	MILLOC		36	Nov. 3. 19	1.4	- No No.	12 CITIZE	ENI OF WILL	T COUNTRY?
during mast of war	rking life, even if retired)	TOD. KII	ND OF BUSINESS OR INDUST	TI. BINITIENCE (SIGN	e or intelligit co	ourny)	IZ. CITIZE	EN OF WHA	COUNTRY
Labo	rer	Co	nstruction	Red Cre	ek. W	· Va.	U.	S. A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Harr	ison Flanac	ran		Car	ah Ka	tterman			
5. WAS DECEASED	EVER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17. II	NEORMANT	an Me			24 - 1	77 6
Yes, no. or unknown)	(If yes, give war or dales of se	ervice)					498 M		II AV
No			9-03-8063 M	rs. Wm. Ka	mmauf	Hager	stown	, Md.	10
18 CAUSE OF D	EATH [Enter only one caus	e per line fo	or (a), (b), and (c).					INTERVAL BET	WEEN
IV. CAUSE OF B								CHANGE WIND	4-(111
	EATH WAS CAUSED BY:	C	ORONARY OC	CLUSTON				CIII	DEN
	IMMEDIATE CAUSE (a)	C	ORONARY OC	CLUSION				SUI	DEN
PART 1. DI 420	IMMEDIATE CAUSE (a) DUE TO	C	ORONARY OC	CLUSION				SUL	DEN
PART 1. Di 420 Canditions, if	IMMEDIATE CAUSE (a) DUE TO any, which (b)			CLUSION CLEROSIS				SUI	DEN
PART 1. Di 4/20 Canditions, if gave rise to im-	IMMEDIATE CAUSE (a) DUE TO any, which mediate couse DUE TO							SUI	DEN
PART 1. Di 4/20 Canditions, if	IMMEDIATE CAUSE (a) DUE TO any, which mediate couse DUE TO							SUI	DEN
PART 1. D 4/20 Canditions, if gave rise to imm (a), stating the cause last.	IMMEDIATE CAUSE (o) DUE TO any, which be underlying DUE TO (c)		CORONARY S	CLEROSIS	MNAL DISE A SI	E CONDITION GI	VEN IN PART I		
PART 1. D 4/20 Canditions, if gave rise to imit (a), stating the cause last.	IMMEDIATE CAUSE (o) DUE TO any, which be underlying DUE TO (c)			CLEROSIS	MINAL DISEASI	ECONDITION GI	VEN IN PART I	(a) 19. WA	S AUTOPSY ORMED?
PART 1. D 4/20 Canditions, if gave rise to imm (a), stating the cause last.	IMMEDIATE CAUSE (a) DUE TO any, which (b), (b), (b), (c), (c), (c), (c), (c), (d), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	ITIONS CON	CORONARY S	CLEROSIS NOT RELATED TO THE TERM			VEN IN PART I	⊷	S AUTOPSY
PART 1. D 4/20 Canditions, if gave rise to imit (a), stating the cause last.	IMMEDIATE CAUSE (a) DUE TO any, which e underlying DUE TO CC) OTHER SIGNIFICANT COND CAUSE WAS CONTRIBUTING	ITIONS CON	CORONARY S	CLEROSIS NOT RELATED TO THE TERM			VEN IN PART I	(a) 19. WA	S AUTOPSY ORMED?
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PART I. D. 420 Canditions, if gave rise to im. (a), stating the cause tast. PART II. C. 20a. EXTERNAL C. PRIMARY [] ar C. CAUSE OF DEAT	IMMEDIATE CAUSE (a) DUE TO any, which mediate couse e underlying DUE TO CC) OTHER SIGNIFICANT COND CAUSE WAS CONTRIBUTING [] H. JURY Month, Doy, Year	DESCRIBE	CORONARY S NTRIBUTING TO DEATH BUT N HOW INJURY OCCURRED. (E	CLEROSIS NOT RELATED TO THE TERM	m, 120f. (City	of item 18.)	VEN IN PART I	P(a) 19, WA PER YES	S AUTOPSY ORMED?
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PART I. D. Canditions. if gave rise to imically rise to imically recorded to the control of the cause last. PART II. C. 20a. EXTERNAL (CAUSE OF DEAT PRIMARY COLOR OF DEAT PRIMARY COLOR OF DEAT PRIMARY COLOR OF THE CAUSE OF	IMMEDIATE CAUSE (a) DUE TO any, which mediate couse a underlying DUE TO COUTHER SIGNIFICANT COND CAUSE WAS CONTRIBUTING 20b H. JURY Manth, Day, Year m. 19 that I took chorge the resulted from: N Resulted from: Benedict S TION, 122b. DATE THEREOF	20d. IN While of work of the resolution of the r	CORONARY S NTRIBUTING TO DEATH BUT N HOW INJURY OCCURRED. (E NJURY OCCURRED 20e. PLA K of while of work of fact emoins described oboutses X. Accident [TELLICE]	CLEROSIS NOT RELATED TO THE TERM Enter nature of injury in Pa CE OF INJURY (Home, farrary, street, office bidg., etc.) INVER, held on Autop: NOTICE TO THE TERM ASSISTANT MEDICAL E ASSISTANT MEDICAL CREMATORY	m, 20f. (City sy , Ir Homicide EXAMINER CAL EXAMINER 22d. LOCAT	or town) or town) or town) uspection undete	(Count) Inquiry ermined mo	PER YES D	S AUTOPSY ORMED? NO (State) and in my
PART I. D. Canditions. if gove rise to imically active to the course last. PART II. C. 20a. EXTERNAL C. PRIMARY [] or C. CAUSE OF DEAT 20c. TIME OF IN. Hour a. P. I. 21. I certify opinion dead ACTUAL SIGNATURE EXAMINER'S NAME (Type) 223. FUNERAL DIRECT. 233. FUNERAL DIRECT.	IMMEDIATE CAUSE (a) DUE TO any, which mediate cause a underlying DUE TO (c)	20d. IN While of work of the relative of the and the state of the stat	CORONARY S NTRIBUTING TO DEATH BUT N HOW INJURY OCCURRED. (E NURY OCCURRED 20e. PLA K of while of work of the control of t	CLEROSIS NOT RELATED TO THE TERM Enter nature of injury in Pa CE OF INJURY (Home, farrary, street, affice bidg., etc. INVE, held on Autop: M.D. CHIEF MEDICAL E ASSISTANT MEDICAL CREMATORY THE TY 240. REC	m, 20f. (City sy , Ir Homicide EXAMINER CAL EXAMINER 22d. LOCAT	or town) aspection Undete	(Count) Inquiry ermined mo	PERI YES DATE /25/6 Md.	S AUTOPSY ORMED? NO (State) and in my

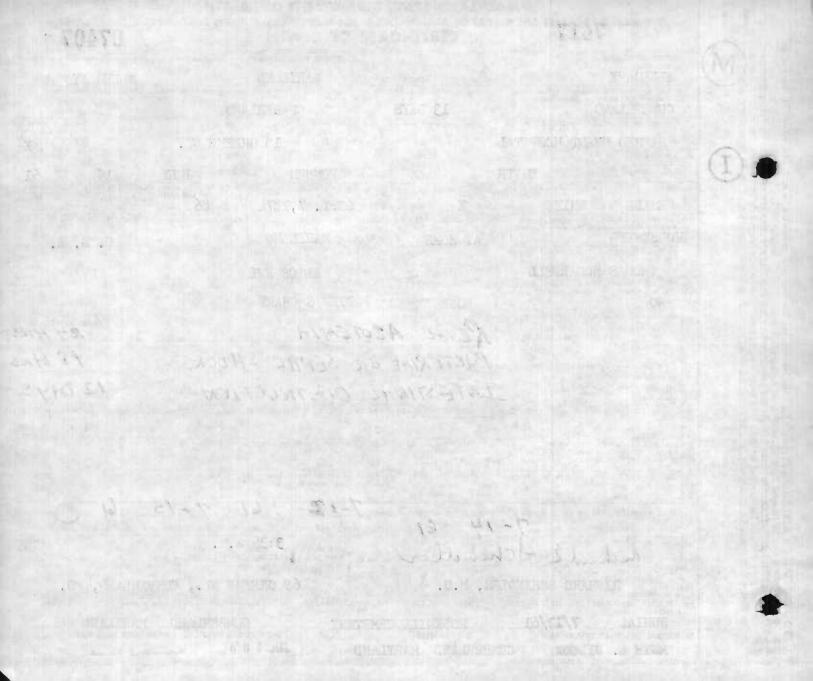
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							U	301	
1. PLACE OF DEAT	'H			2. USUAL RESIDENCE	CE (Where dec			dence before	edmission)
ALLEGANY			MARYLAND	a. STATE MARYIA N	D	b. COUNT	ALLEX	TANY	
b. CITY OR TOWN	(if outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		afa limits, write			wn)
CUMBERLA			13 DAYS	OF COMBE	RLAND				
d. NAME OF HOSP	PITAL OR INSTITUTION (if n	ot in hos	pital, give street eddress)	d. STREET ADDRESS					RESIDENCE
SACRED	HEART HOSPITA	AT.		18	GREENE	E ST.		YES	NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	D	ey Yes	ar
(Type or print)	EDII	H		FONNER	DEATH	JULY	1	5 19	61
5. SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED B	. DATE OF BIRTH		AGE (In yeers	Monfhs Dey		R 24 HRS.
FEMALE		VIDOWE	DIVORCED [SEPT. 7,187	4	86 yrs.	Months	's Hours	74(11).
10a. USUAL OCCUPA done during most of w	TION (Give kind of work orking life, even if retired)	10b. K	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or fo	oreign country)	12. CITIZE	OF WHAT	COUNTRY
HOUSEWIFE			AT HOME	MARYLAND)		U	. S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	MCCARDELL			ALICE E	EVE				
15. WAS DECEASED E (Yes, no, or unkown)	VER IN U.S. ARMED FORCE (If yes give war or detes of serv	S? 16.	SOCIAL SECURITY NO. 17. 1	INFORMANT		Address			
NO				PATIENTS CHAR	T				
	DEATH [Enter only one ce	use per l	PA A -					INTERVAL BE	
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	_ A	ENAL AZE	TEMIA				24	HR
570.0	DUE TO	6	2100000	0-2-11	011-	m 1 a		10	110
Conditions, if en	10/	1	SACTERIAL O	R SEPILC	3400	CK		18	MR
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ceusa lest.	(c)_	-	NTESTINAL	01357120	KILON	V		- 1	147
PART II. OTH	ER SIGNIFICANT CONDITIO	NS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(e		AUTOPSY ORMED?
CAT						300		YES [но 🗌
OR CONTRIBUTION	G CAUSE OF DEATH	Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in t	Pert I or Pert II o	of item 1B.)			
	Y MEDICAL EXAMINER)	1001	NUMBER OF STREET	OF OF INHERNY (II	1.000 100		10		(51-1-1
20c. TIME OF INJ	URY Month, Day, Year	While		CE OF INJURY (Home, farm tory, street, office bldg., etc.		or town)	(County)		(State)
	19	at wor	lead	4 .0	1,	VI 16	-	1 6	
21. I certify	that (I) (this hospital) atten	ded the deceased from.	1-13-	190./., to	7-15	19.6	, that (1)	(we) las
saw the decea	ased alive on	- /	719. 6.1 ., and that	death occured at	M, from	the causes a	and on the		
22a. SIGNATURE	hard & Ar	chi	indler m	ATTENDING PHYS.	35 A.M.	STAFF PHYS.		22	b. DATE SIGNED
22c. PHYSICIAN'S	s ICHARD SCHIND	LÉR,	M.B.	22d. ADDRESS 69 G	REENE S	T., CUM	BERLANI), MD.	
REMOVAL (Specify		F	23c. NAME OF CEMETERY			TION (City, low			State)
BURIAL 24 FUNERAL DIRECTO	7/17/61		ROSEHILL CEMI	25e. REC	OUMBE	AR 25b. REG	MARYL.		
RUTH E.		TIMBI	ERLAND MARYTAI	Bead			or f the		
TACTIT TIE	-THOON (DATE		Mary Court	my to I was	THE REAL PROPERTY.	



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 9 Film 6292. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) HFALTH DEPT PLACE OF DEATH a. COUNTY director, Pag-Health b. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 205 Lang Ave. Lang Ave. 205 YES NO F 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 6 I Miller July Friend 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. *× last birthday) Hours DIVORCED 1 WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Retired Fire Nocker Railroad Friendsville, Maryland USA 13. FATHER'S NAME Mary J. Engle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Hugh S. Friend 205 Lang Ave 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ORONARY occlusion IMMEDIATE CAUSE (a) Office DUE TO Coronary Scherosis Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the underlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Bendict Skitarelic Address (Streat, city, town, or county 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial 7 - 26 - 6IDavis Memorial Cemetery Z40 Cumberland, Md. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME James F. Scarpelli Cumberland, Md. DATEJUL 2 7 '61 arthur & Thank 5M 7/59

Milester Therefore bnaluenco 2216 AND DEDE AVE. S. SVE BILL COS the desired the property to the The second of the second of the second of RESIDENCE FOR HOUSE HOUSE HOUSE HOUSE HE STORE HOUSE H Back . Type TEVI mes dos testri. S dod de lang lydr W. PARAPARA GOODSERS COLUMB the support of the same of the a superior to the the service of Beidlet Ditteralie . W. On the State of the second and the second seco Light P. Starffell Cuberland, Mr.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before admission) a. COUNTY b. COUNTY Allegany Harrison MARYLAND b. CITY OR TOWN (if outside corporete limits. director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporele limits, write RURAL end give nearest lown) write RURAL end give neerest town) Clarksbung Cumberland Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE NO X Memorial Hospital--DOA 4. DATE NAME OF Middle Month DECEASED (Type or print) **JEFFERSON** GATES. Jr. DEATH July 1967 2 with tours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED | Feb. 9,1938 Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Soldmer W. Wa. USA Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas J. Gates. Dorothy Almond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror deles of service) Clarkshurg. W. Va. Unknown T. J. Gates. Sr. Present 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage 3-4 Min. IMMEDIATE CAUSE (e) Office DUE TO Skull Fracture, Maceration of Brain geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Automobile accident the certificate, writing the construction of the Chief A DIRECTOR: Page 3 st age 3 20d. INJURY OCCURRED La 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stete) fectory, street, office bldg., etc.) While et work et work 220 South of Rawlings. Alleg. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion forwarded t Accident X. Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER July 2. Benedict Skitarelic, M.D. Addi Address (Street, city, town, or county) Bumberland. NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 F eminoton W Va 240, REC'D BY REGISTRAR I 246, REGISTRAR'S SIGNATURE Flemington Cemetery Burial 23. FUNERAL DIRECTOR VS. A15ME Christing S. Throng Byron Kight Cumberland, Md. 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO MERAL DIRECTOR: After this certificate has been signed by the attending physician and containing the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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CERTIFICATION

MEDICAL

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	MARYLAND STATE DE	PARTMENT OF HEALTH	MARYLAND
	7420 CERTIFICAT		07410
	PLACE OF DEATH	2. USUAL RESIDENCE (Whare dacaesed lived, If institution	on: Residance bafora admission)
	Allegany Maryland	a. STATE Menus and b. COUNTY	llegany
-	b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	
	writa RURAL and give neerest town)	C. CIT ON TO VIT (II dulling corporate mains, mine nomine	one give money
	Frostburg	Frostburg (Moran	town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Miners Hospital	Box 318	YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yaer
	(Typa or print) ALLISON C.	GRIMES DEATH 7	27 1961.
5.		8. DATE OF BIRTH 9. AGE (In yaers IF UND	
	3/ 307 1000000 0	last birthday) Months	
10-		2-20-1890 71 yrs.	CITIZEN OF WHAT COUNTRY?
do	na during most of working life, even if ratirad)	RY III SIKI HPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	ectrician Own business	Uniontown, Pa.	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Grimes	Margaret	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addrass	- 42
(Ya		rs. Elsie C. Grimes, Box 3	ostburg, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Ventricula	ir tibrillation	25 min
	720 DUE TO		
	Carry and	y insufficiency	1 40
	Conditions, if eny, which gave rise to immediate cause	1 mon streney	/ /1./ .
	(a), stating the underlying DUE TO	1 - 1 .	
	causa last. (c) Atherosel		
NO I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
AT			YES NO
IFIC		D. (Enter nature of injury in Part I or Part II of itam 18.)	
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
AL.		ACE OF INJURY (Homa, farm, 20f, (City or town)	County) (Stata)
DIC		ctory, straat, offica bldg., etc.)	County) (State)
MEDI	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from.	July 27, 1961, 10	19, that (I) (we) last
	saw the deceased alive on July 271961, and tha		
	The Control of the Co		22b. DATE
	Clin & Walters	ATTENDING MED. STAFF	SIGNED
		A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	
	22c. PHYSICIAN'S NAME (Type) Alvin J. Walters	ZZd. ADDRESS	
23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		ounty) (Stata)
1	Burial 7-31-61 Oak Grove	Cemetery Uniontown	Pe
	FUNERAL DIRECTOR'S SIGNATURE HAFER FUNERALS HOME	25a. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
72	ulch H. Wortesen 23 E. MAIN. FROSTB	TIRG MID DATE AUG 1 '61	8. Kraus
1	THE PARTY OF THE PROPERTY	OTTO STILL CONTRA	A. I MARKE

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	1261	GERTINION			01377
1. PLACE OF DEATH					ian: Residence befare admission)
a. COUNTY	Allegany	MARYLAND	o. STATE Marvla	nd b. COUNTY	Allegany
b. CITY OR TOWN	If outside corporate limits, w	vrite c. LENGTH OF STAY IN 16		autside carporate limits, write	
RURAL and give n		13 Years	Cumber	Jand	
d. NAME OF HOSPI	TAL (If nat in haspital, give		d. STREET ADDRESS	Tanu	e. IS RESIDENCE
OR INSTITUTION	ederick Stree	+ 143 513 113	709 Fred	erick Street	ON A FARM? YES NO TO
3. NAME OF	First	Middle	Last	4. DATE Mo	
(Type or print)	A STATE OF THE PARTY OF			OF	
S. SEX	Loren	a Ellen Ha MARRIED □ NEVER MARRIED □	milton B. DATE OF BIRTH	9. AGE (In years	7
				last birthday)	Manths Days Haurs Min.
Female	WALL OC	DOWED DIVORCED 106. KIND OF BUSINESS OR INDU	Feb 2, 1876		12. CITIZEN OF WHAT COUNTRY
during most of wor	king life, even if retired)				
Housekee	per	At Home	West Vi		U. S. A.
	n Teeters	a la casa assumenta la Table	4	Monnett	
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give wor or dotes of service	9)	NFORMANT	709 Fre	dërick Street,
No		None M	rs. Mildred H	ouck Cumberl	and, Maryland
		per line far (a), (b), and (c).]	•		INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Usa	ema		4-like
4-2	DUE TO			,	
Canditians, if	any, which) (b)	Thyou	eardet	50	3 yer
gave rise to cause (a), stating	immediate (7-1	0		
lying cause last.	(c)	Certern	seles	3~3,	10 yr
PART II. OT	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS
PART II. OT					YES NO
E 20a. ACCIDENT W	AS UNDERLYING 201	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 1B.)	
□ OK CONTRIBUTION	G CAUSE OF DEATH				
U (IF EITHER, NOTIF	MEDICAL EXAMINER)				
			ACE OF INJURY (Hame, farm		(Caunty) (State
20c. TIME OF INJU	RY Manth, Day, Year	While Nat while fa	ACE OF INJURY (Hame, farnictary, street, affice bldg., etc		(Caunty) (State
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Year	While Nat while fa			
20c. TIME OF INJU Haur a. m. p. m. 21. I certify the	RY Manth, Day, Year 19 at (1) (this haspital) a	While Not while of work at work thended the deceased fram.	actory street, affice bldg., etc	6 to Jerly	194, that (I) (we) last
20c. TIME OF INJU Haur a.m. p. m. 21. I certify the saw the deced	RY Manth, Day, Year 19 at (1) (this haspital) a	While Not while of work at work thended the deceased fram.	actory street, affice bldg., etc	6 to Jerly	that (I) (we) land on the date stated above
20c. TIME OF INJU Haur a. m. p. m. 21. I certify the	RY Manth, Day, Year 19 at (1) (this haspital) a	While Not while of work at work thended the deceased fram.	death accurred at	M, fram the causes a	that (I) (we) land on the date stated above
20c. TIME OF INJU Havr a. m. p. m. 21. I certify the saw the decec 22a. SIGNATURE	RY Manth, Day, Year 19 at (1) (this haspital) a	While Not while of work at work thended the deceased fram.	death accurred at M.D. ATTENDING M.D. PHYS.	to July M. fram the causes a	, 196, that (I) (we) last nd on the date stated above
20c. TIME OF INJU Haur a. m. p. m. 21. I certify the saw the deced	RY Manth, Day, Year 19 at (1) (this haspital) a	While Not while of work at work thended the deceased fram.	death accurred at	M, fram the causes a	that (I) (we) last nd on the date stated above
20c. TIME OF INJU Haur a. m. p. m. 21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	RY Manth, Day, Year 19 at (I) (this haspital) a used alive an	While Not while of the deceased from ly 19 6 and that	death accurred at M.D. PHYS. 22d. ADDRESS	to July Staff PHYS. STAFF PHYS.	nd on the date stated above
20c. TIME OF INJU Hour a.m. p. m. 21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S	at (I) (this haspital) a used alive an answer and the second of the seco	While Not while of work at work thended the deceased fram.	death accurred at M.D. PHYS. 22d. ADDRESS	M, fram the causes a	nd on the date stated above
20c. TIME OF INJU Hour a. m. p. m. 21. I certify the saw the decect 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (I) (this haspital) a seed alive an on, 23b. DATE THEREOF 7/11/61	While Not while of the deceased from ly 19 6 and that	death accurred at M.D. ATTENDING M.D. PHYS. 22d. ADDRESS	M, fram the causes a ED. STAFF IRECTOR PHYS.	nd on the date stated above

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 mo se retained by the haspital or attending physician.

TO F THAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral directors page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59

. . . Cherica Carres La the state of the s

I. PLACE OF DEATH ny delay is no. Page funeral director. Page for your files. a. COUNTY Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) retained Bellevue Street NAME OF Middla DECEASED (Type or print) JOHN BLMER 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED and 3 to with executed within 24 hours after death if in Item 18. Give Pages 1, 2, and 3 hong with form PM3. Page 5 may bensit permit. Eile pages 1 and 2 with the part within 72 hours after the pages 1 has a few and within 72 hours after the pages 1 has a few and within 72 hours after the pages 1 has a few and within 72 hours after the pages 1 has a few and within 72 hours after the pages 1 has a few and within 72 hours after the pages 1 has a few and a fe 5. SEX 2 wit Male White WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired) Blacksmith's helper B. & O. RR 13. FATHER'S NAME John Wilson Hare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give werer dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] along --PART I. DEATH WAS CAUSED BY CORONARY IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which (b) should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem gava rise to immadiate cause DUE TO (e), stating the undarlying CERTIFICATION 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER: AEDICAL 20c. TIME OF INJURY Month, Dey, Year Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes X Accident . Suicide SIGNATURE J PULY BENEDICT SKITARELIC M.D. Add NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF REMOVAL (Spacify) F40 9 Burial 23. FUNERAL DIRECTOR VS. AISME

5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Albrany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TY Bellevue Street 4. DATE Year OF HARF DEATH July 14. 19 61 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months December 23. 1910 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Marvland TISA 14. MOTHER'S MAIDEN NAME Emma Barger Address Mrs. J. E. Hare. 17 Bellevue St.. Cumb., Md. INTERVAL BETWEEN ONSET AND DEATH OCCLUSION SUDDEN CORONARY SCLEROSTS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Inspection 1 Inquiry V and in my opinion

22d. LOCATION (City, town, or country) Zion Memorial Park Cumberland, Maryland 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur & Thous DATE JUL 1 John J. Hafer, Cumberland, Maryland

Homicide

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Undetermined manner

DEPUTY MEDICAL EXAMINER X July 14. 1961

Address (Street, city, town, or county) Cumberland. Md.

DATE SIGNED

DOWN LED 23, ASPL Constitution of the Constitution John J. Hailory Camported, Marginal I weller to the Committee of the Commi

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		7423		CERTII	FICAT	TE OF DEATH				0141	9
	PLACE OF DEATH	gany		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	_	d lived. If institution b. COUNTY		e befare odmi	
-	b. CITY OR TOWN (I RURAL and give ne Cumber		ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	-	orate limits, write RU			
,	d. NAME OF HOSPIT	AL (If not in haspital, central Ave				d. STREET ADDRESS 417 Centre		nue	1	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	SARAH	st	JANE		HARRIS	4. DATE OF DEATH	Mant July	h	Day 8.	'ear 19 61
	Female	6. COLOR OR RACE White	WIDOWI		ED 🗆	October 25,	1886	last birthday) 74 yrs.		Days Haur	
	Retired C	ON (Give kind af warking life, even if retired hambermaid	dane 10b.	Hotel	OR INDUS	Grafton,	West		12. CITIZ	USA.	COUNTRY
		Harris				14. MOTHER'S MAIDEN Louisa 1					
IS. (Yes	NO NO	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		formant ss Hattie Ha	rris,	Address 417 Centr		e., Cw	mb.,
		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o			. /	I feilme				ONSET AN	
	Conditions, if a gave rise to it cause (a), stating	mmediate (ertunk	luch	i heart or	sice	n		130	'er
CERTIFICATION	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING	er significant con				NOT RELATED TO THE TERM			EN IN PART	PERF	S AUTOPS) FORMED?
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. II While at war	NJURY OCCURRED Nat while at wark	20e. PLA fact	CE OF INJURY (Hame, for tary, street, affice bldg., et	m, 20f. (City	or tawn)	(Co	ounty)	(State
	saw the deceas		attend -4			4-3- 19				date state	ed abave
	22a. SIGNATURE 22c. PHYSICIAN'S	L Ami	82		N	A.D. ATTENDING A.D. PHYS. D	AED. DIRECTOR	STAFF PHYS.		7/10	226. DATE SIGNE 0/61
230	NAME (Type)	Lewis Bri		M.D.	AFTERY OF	57 Gr		treet, Cur			
	REMOVAL (Specify) Burial FUNERAL DIRECTOR	July 1				Cemetery		berland.		and	tate)
	John J.	Hafer, Cu	nberl	and. Marvl	and	DATEJU	IL 1 3 '6				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral directar and 2 shauld be filed with The retained by the haspital or attending physician.

DE RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO P VR A1S (4) 1SM 9/59

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ely filled in by the

The law requires that the death certificate be executed within 24 hours after

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Page 4 may be retained by the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and considered for use as the burial-transit permit. Then please remove carbon papers. Pages 1 rector, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after.

director, page be filed with t

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7494. CERTIFICATE OF DEATH

07/1/

	0 12 2 4					0377		
1. PLACE OF DEA	TH			NCE (Where deceased live		nce balore admission)		
ALLEGANY			a. STATE MARYLAND b. COUNTY ALLEGANY					
b. CITY OR TOW	N (if outside corporata limits,	c. LENGTH OF STAY IN 15		(If outsida corporata limits,				
CUMBER L	end give nearest town)	17 DAYS	O T CUMPS	ERLAND				
		ot in hospitel, give street address)	d. STREET ADDRESS	AND THE RESERVE OF THE PARTY OF		e. IS RESIDENCE		
			1 600	ICIDED CTDE	e opt	ON A FARM?		
NAME OF	RIAL HOSPITAL	Middle	605	LE IPER STREE		YES NO X		
DECEASED			pesi	OF				
(Typa or print)	RAND		HARTLEY		JULY 19			
s. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In	yaers IF UNDER 1 YEAR			
MALE	WHITE	VIDOWED DIVORCED	1-17-1897	64	yrs. Months Deys	Hours Min.		
e. USUAL OCCUP	ATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Con	unty & State, or foreign cou	intry) 12. CITIZEN	OF WHAT COUNTRY		
MAIL CAR	working life, even if retired)	U.S. GOVERMENT	MADVIAND		11 6	A		
3. FATHER'S NAME		O.O. GOVERNENT	MARYLAND		0.3	5.A.		
	HARTLEY		FRANCES					
	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. J			Achebe A \ fem a 11 cm			
Yes, no, or unkown)	(If yes give war or detes of serv	ice)	44171	VICK & MEMORY				
No			MEMORIAL HOS	SPITAL - CUME				
L. Contractor		use per line for (e), (b), end (c).]	1 0			NTERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	C entral	hemourka	20		17 Duns		
22	/ DUE TO			7		0		
Conditions	A N							
geva rise to imm	1-/	71701 0000	curoses .	Juneary				
(e), steting the	OT 3110 -							
ceuse lest.) (c)							
PART II. OT	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CONDITIO	H GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
		Dieles Kiloid	1.t. 1.	and levelle		YES NO		
	WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury	Pert I or Pert II of item 18	.)			
OR CONTRIBUTI	NG CAUSE OF DEATH							
		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, ' 20f. (City or town)	(County)	(Stete)		
20c. TIME OF II		WhileNot While fect	ory, street, office bldg., e		((5.5.5)		
p.1	m. 19	et work et work						
21. I certify	that (I) (this hospital) attended the deceased from	Jun,	19 60 19	- Fg 19 Gs,	that (I) (we) las		
saw the dec	eased alive on	1-19 (e.f., and that	death occured at.	m, from the cau	uses and on the	date stated above		
22e. SIGNATUI						22b. DATE		
		01-	ATTENDING PHYS.	MED. STAFF		SIGNED		
22c. PHYSICIAN	" William	· O Jacus "	22d, ADDRESS			7-22-61		
NAME (T)		M P. IAMES	2.4	N. CENTRE STR	REET, CUMBE	RLAND, MD.		
	ATION, 236. DATE THEREC	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (CI	ty, town or county)	(Stata)		
REMOVAL (Spec	7/20/61	Glendale Bret	hmen Cem.	Flintston	e, Maryland	i		
24 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	1	EC'D BY REGISTRAR 256				
		erland, Maryland						
JOITH J	. Harer, and	Tand Lary Tand	DATE	UL 2 4 '61	ariling & Time	44		

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FOR STATE HEALTH DEPT.

TO PEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death X any delay is necessary, per a execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 in funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files: TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 flows after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7425 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.741 07415

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
	Allegany	a. STATE Maryland b. COUNTY Allegany					
1	b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside				
Ц	write RURAL end give neerest lown)	Tifotimo	Encathur	2 00			
1	Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	Frostbur	· B	L e. IS RESIDENCE		
			/ 22 Pag 17	04	ON A FARM?		
	33 Beall Stre	etMiddle	Lest 4. DAT	L Street	Dey Year		
ı	DECEASED	Misois	OF	-			
-	wan		Jeffries DEA	9014	6 196/		
	/· mon	-		9. AGE-(In yeers UNDER lest birthday) Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.		
1	Female White wipo		ept.30th,1881	79 yrs.			
4	10e. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if ratired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) 12. CI	TIZEN OF WHAT COUNTRY?		
	RetSchool Teacher	Teaching	Maryland		USA		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Т	Jabez Jeffries		Jane Gros	se			
		16. SOCIAL SECURITY NO. 17. I	NFORMANT		Beall St.		
L	(1935) 110, Of GIROWII) (11793) 174 WAT OF GATES OF SAFFICE)	None Mis	s Beulah Grose				
	18. CAUSE OF DEATH [Enter only one causa	r line for (e), (b), end (c).]	o /	, IIOO OD OT	INTERVAL BETWEEN		
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronery Ocelosian ONSET AND DEATH						
1	Sangal Sangal						
1	Conditions, if any, which	Jupes Ten	run		nousa		
1	geva rise to immediate cause	11			1200		
1	(a), staling the underlying cause last.						
		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY		
	04				PERFORMED?		
	20a. EXTERNAL CAUSE WAS 20b. DES	CRIRE HOW INTURY OCCURED (I	inter neture of injury In Part I or Part	II of itam 18.)	112 NO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRIDE HOW HOOK! OCCURED. (E	mental of many in term of term	ii or nam ib.,			
	0			(City or town) (Co	unty) (Stata)		
	Hour a.m. W	hile Not Whila 1act	ory, street, office bldg., atc.)				
	death resulted from: Natural causes			Undetermined manner	and in my opinion		
1			CHIEF MEDICAL EXAMINER				
ACTUAL AID MC COMP							
	SIGNATURE		DEPUTY MEDICAL EXAMINI		7-7-//		
	EXAMINER'S WO. M.L.	are Mes	Addrass (Street, city, town,	or county) Batken	a) and		
1	22a. BURIAL, CREMATION, 22b. DATE THERE OF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR	CREMATORY 22d. LO	CATION (City, lown, or county	(State)		
	Burial 7-9-61	F'bg.Memoria	al Park F	rostburg,	Md.		
	23. FUNERAL DIRECTOR	ADDRESS		SISTRAR 246. REGISTRAR'S	SIGNATURE		
	A P. Stress Y	Frostburg.	Md. DATE WIL 1 C	161 arthur	04.		
1-					a, receive		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7425 CERTIFICATE OF DEATH

Rea.	Disa	A1-	0	7	4	1	6
Red.	Dict	No	-	-	male.	Septem .	~

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany							
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RUPAL CONTROL PROPERTY (NOW)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 117 Wilmont Ave.	d. STREET ADDRESS 117 Wilmont Ave. e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print) FRED First WILLIAM	JENKIND 4. DATE Manth Doy Year OF DEATH July 5 1961							
Male White WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 12, 1905 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.							
OWNER G OPERATOR (Give kind of work done OWNER G OPERATOR TITED TO TAXI CO.	Terra Alta, W. Va. 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME Henry A. Jenkins	Laura G. May							
(L'ps. ng. or unknown) (If yes, give war or dates of service)	rs. Martha Jenkins Cumberland, Md.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420, D Conditions, if any, which gave rise to immediate cause (a), stating the under. Lying cause last. DUE TO (c)	420, 0 DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under. DUE TO DUE TO DUE TO DUE TO DUE TO							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO NO. (Enter nature af injury in Part I ar Part II af item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of wark 10	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) lary, street, affice bldg., etc.)							
21. I certify that I attended the deceased from that death actual signature physician's George M. Simons M.D.	accurred at 12/10 M, from the couses and on the dote stated obave. A. Maddress (Street, city or town, store) Algonquin Hotel, Cumberland, Md.							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 7/8/1961 Rose Hill I	(Sidie)							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Wayne George Cumberland, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 1 0 '61 Cuthung S. Kraus							

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	M. C. La la de del		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7427 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY a. STATE h COUNTY the day MARYLAND ATTEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete timits, write RURAL and give naerest town) write RURAL end give nearest town) CUMBERLAND 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS NAME OF 4. DATE Month DECEASED (Type or print) DEATH and cc carbon with 8. DATE OF BIRTH AGE (in years IF UNDER I YEAT 7. MARRIED NEVER MARRIED V last birthdey) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! (County & Stele, or foreign country) done during most of working life, even if retired) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2. pue ATDERTON Then p WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas give werer dates of service) physician. NO CHART 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Uremia, with cerebral edema & pericarditis (b) Malignant Hypertension with Nephrosclerosis Conditions, if eny, which geve rise to immediate cause has be e buri DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY Diabetes mellitus; generalized arteriosclerosis; congenital abs.l.kidney esn 20e. ACCIDENT WAS UNDERLYING TI | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18, OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While Hour am at work at work 21. I certify that (I) (this hospital) attended the deceased from June 28th, 1961, to July 11th., 1961, that (I) (we) last saw the deceased alive on July 10th 151 and that death occured a M, from the causes and on the date stated above. 22a. SIGNANURE ATTENDING DUVE MAN'S 22d. ADDRESS Mechanic Street, Cumberland NAME (Type) Doerner, M.D.

NAME OF CEMETERY OR CREMATORY

ADDRESS

15 RESIDENCE ON A FARM? YES NO

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

2 years

PERFORMED? NO

(Stete)

22b. DATE

23d. LOCATION (City, town or county)

25b. REGISTRAR'S SIGNATURE

arthur S. Thrace

25e. REC'D BY

DATE

SIGNED

\$ 6.0 g VR A15 (4) 15M 9/60

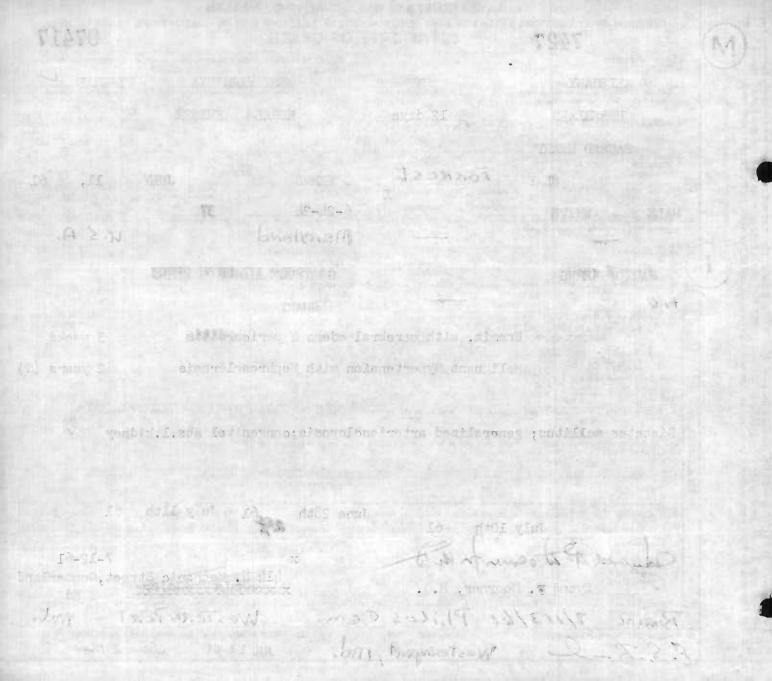
23a. BURIAL, CREMATION, | 23b.

(Specify)

within 24 hours after

physician

law requires that the death certificat



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and containing the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and/in any eyent, within 72 hours after death. in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07418

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saw the deceased alive on	1			1-1 1-1	7-23- 11	00 10 7-24-	10/2/	hat (ii) (wa) last
226. SIGNATURE 226. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 226. PHYSICIAN'S NAME (Type) Earl R. Paul, 11 36 Greene St., Cumberland, Md. 236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Purial 7-26-61 Rest Lawn Memorial Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTENDING MED. STAFF DIRECTOR SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S DIRECTOR STAFF SIGNATURE				2.4	F 1			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Heolth, b. COUNTY MARYLAND ATTEGANY Marvland Allagany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) di G CHMBERT.AND Years Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS far . IS RESIDENCE ON A FARM? Sacred Heart Hospital -- DOA 304 Independence YES 🔲 NO 📮 NAME OF 4. DATE Middle Day Year DECEASED (Type or print) DEATH ROBERI WITTI TAM 27 1967 July 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER TYEAR 0 IF UNDER 24 HRS. out birthday) Months WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk Sport shop Maryland U.S. 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME John Howard Knight Matilda Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Louis H. Knight 318 Favette St. Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Coronary Occlusion Sudden IMMEDIATE CAUSE (a) DUE TO Coronary Thrombosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES | NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection V. and in my opinion death resulted fram: Natural causes & Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Benedict Skitarelic, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (State) 0 ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME Cirilwa & Hrank 5M 2/57

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7431 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) and give negrest town Cumberland Cumberland Maryland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Sacred Heart Hospital Homewood Addition NAME OF Middle DATE Manth DECEASED (Type or print) DEATH Maravia John Weseph July Jr. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER TYEAR 8. DATE OF BIRTH 9. AGE (In years WIDOWED [DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) during most of working life, even if retired) Hospital Attendant. Hospital Ben Bush WVa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Maravia Grace Ford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes Mrs. Ella M. Sheally. Cumberland Md. 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: SUBDURAT, HEMORRHAGE IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which SKULL FRACTURE. CONTUSION OF BRAIN gave rise to immediate cause **DUE TO** (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part t ar Port It of item 18.) Unknown 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) factory, street, affice bldg., etc.) While Not while of work Cumberland, Alleg. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined couse 7. ACTUAL CHIEF MEDICAL EXAMINER 0 0 SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Dr. Benedict Skitarelic DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Rose Hill Cem. Buriel Thomas 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

Reg. Dist. No.

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Days

(County)

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Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

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Md.

DATE SIGNED

(State)

U.S.A.

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Year

IF UNDER 24 HRS

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 74.3 EDICAL EXAMINER'S CERTIFICATE OF DEATH NEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission) a. COUNTY b. COUNTY director. Pay Allegany Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your do b write RURAL and give nearest town) Gilmore R-F-D-# 1 Gilmore R-F-D # 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middla Last 4. DATE Month Year DECEASED (Typa or print) DEATH JAMES ROBERT MeCLUNG July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR last birthday) Months ! Days Hours Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) done during most of working life, even if retired! File pages 1 None Frestburg II-S-A PM3. 13. FATHER'S NAME Everrett McClung Alma Gallagher Vent 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yasgiva war or datas olservice) Gilmore MD Ne Alma McClung 18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Office DUE TO Conditions, if any, which gava risa to immadiate cause DUE TO (e), slating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? crema plnods 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury Inpart I or Part II of item 18.) Chief / age Suri MEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (H (Stale) at work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection nd in my opinion DIRECT death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. Memorial Park Frestburg, 20 0 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Orthur S. Frank VS. A15ME GEORGE EICHHORN LONACON ING, MD. 5M 7/59 DATE IUL

RYLAND STATE DEPARTMENT OF HEALTH

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) director. director. cr your files. Allegany o. COUNTY b. COUNTALLEgany o. STATE aryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Gilmore R-F-.D Gilmored. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 0 NAME OF 0 Middle First 4. DATE Lost Month DECEASED (Type or print) DEATH TND MeCLUNG July 12. ony Off 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 0 fast birthday) WIDOWED DIVORCED Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 00 None Frestburg poges ent wiff V3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Everrett McClung Alma Gallagher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT fif yes, give war or dates of service! No Gilmore, MD. None Alma McClung, (Nother) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port For Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, while Not while foctory, street, office bldg, etc.) Not while of work of work Page 21. I certify that I fook charge of the remains described above, held an Autapsy Inspection ŏ opinian death resulted fram: Natural causes], Accident 24 Suicide |], Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER EXAMINER'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE HEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Frestburg. Memorial Park 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Eichhern VS. A15ME Lonaconing, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

1961

Days

Inquiry

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IF UNDER TYEAR IF UNDER 24 HRS.

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Hours

12. CITIZEN OF WHAT COUNTRY?

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PERFORMED?

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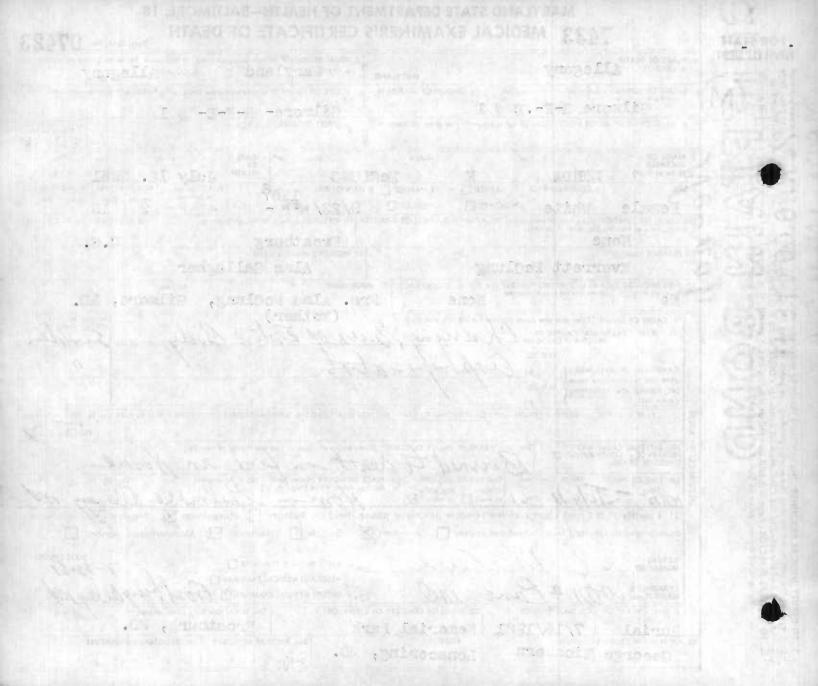
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e. IS RESIDENCE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** 7434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-BERT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany

b. CITY OR TOWN (if outside corporate limits, Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND director. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R=F=D # 1 ilmore STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO L 3. NAME OF First Middla Last 4. DATE Month DECEASED (Type or print) DEATH July 12. PAMET.A MeCLUNG 1961 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yaers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Female WIDOWED DIVORCED 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frestburg, None U.S.A MD. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alma Everrett McClung Gallagher AS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivawarordatasofsarvica Gilmore. Mrs. 18. CAUSE OF DEATH [Enter only one cause par the for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW WIJURY OCCURED, Mentar natural of injury in Part I or Part I Lof Mam 18.) WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar (County factory, freet, office bldg., etc.) Whila at work at work 21. I certify that I look charge of the remains described above, held an Autopsy Inspection nd in my opinion DIRECT ed agent, death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or count 22a, 8URIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or co 16/1961 Memorial Park Frestburg, 940 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME FICHHORN LONACON ING. MD. GEORGE Cirthur & House 5M 7/59 100308XV3

MARYLAND STATE DEPARTMENT OF HEALTH

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ATJSTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacassed lived, If institution: Residence before admission) fune a. COUNTY b. COUNTY Allegany by the Mary Land MARYLAND death c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b P write RURAL and give nearast town) Cumberland 43vrs Cumberland .57 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours Street Street Polk Polk 3. NAME OF Middle DATE Month DECEASED OF (Typa or print ohn exect DEATH July McGeady 00 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) B. DATE OF BIRTH and ast birthday) Months 30, WIDOWED DIVORCED June 1890 event, physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if ratirad) Own Business Barber Frostburg, Md

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please and in a law requires that the death attending Julia Cavanaugh John McGeady Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yas, no. or unkown) | (If yas giva war or dates of sarvica) Lucille McGeady I3I Polk St. War the 18. CAUSE OF DEATH [Enter only on a cause per line for (a), (b), and (c). þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-fransit DUE TO schoole Conde - vaseuler descon attending gava risa to immadiata causa DUE TO (a), stating the undarlying After this certificate has (c) the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY hospital as o prior 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING CAUSE OF DEATH detached Š 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) factory, street, offica bldg., atc.) While Not Whila Hour a.m. at work at work p.m DIRECTOR: 21. | certify that (I) (this bospital) attended the deceased from saw the deceased alive on. 22a. SIGNATURE may ATTENDING STAFF PHYS. DIRECTOR M.D. Page 4 OSPITAL 22d. ADDRESS 22c. PHYSICIAN Centre St. Cumberland, Md. director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, Peter Paul Cemetery Cumberland? Md. ဗိုဋ 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Scarpelli Cumberland, Md. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO 16

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19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

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US#

(County)

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in by the funeral director, and 2 should be free with may be settined by the haspital or attending physician.

December 2 AAL DIRECTOR: After this certificate has been signed by the attending physician and campletely it pages 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FL

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07426

1.	LACE OF DEATH			MARYL	AND	2. USUAL RESII o. STATE	DENCE (W	here deceased	lived. If instituti		e befor	e admiss	ion)
		LEGANY					MARYL			GARRI		U	
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	OR INSTITUTION	AL (If not in haspital, g	ive stree	oddress)		d. STREET A					1	. IS RES	FARM?
L		RIAL HOSPIT	AL										NO []
	NAME OF DECEASED	Fi	st	Middle		Las	t	4. DATE OF	Mor	rth	Day		Yeor
	Type or print)	C/	RRIE	MAE Mc	ROBI	E		DEATH	JIILY		9		1961
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B	. DATE OF BIRTH	Н		9. AGE (In years last birthdoy)	IF UNDER			
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	HOUSEV		'	OWN HOME		747	. VA.			11	SA		
13.	FATHER'S NAME	VI.P.D.		OWN HOME		14. MOTHER'S		NAME			UH.		
	WTT.T.T	IAM PUEEINI	RARCE	קיי			ATITIT.	च क	WIS				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INI	FORMANT	OULLA	r. no	Add	ress	-	7-7	
(Yes	NO (1	f yes, give war ar dates of s	ervice)	NONE		NEWTON I	Marma	TH!	VIND	EX. M	n		
		TH (Enter only one co	use per	ine far (a), (b), and (c).]		TATALATA	OTO LEWID	110	V IIVI	ALIA DI	-	RVAL BE	TWEEN
		H WAS CAUSED BY:	Cor	ebrovascula:	r ac	cident.	- emb	olus			ONS	hour	DEATH
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0	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THETERM	INAL DISEASE	E CONDITION GIV	VEN IN PART	1(a) 1	PERFO	AUTOPSY RMED?
CAI		Diabe	tes	mellitus								YES 🗌	NO 🗔
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OC	CURRED	. (Enter nature o	of injury in	Part I or Port	II of item 18.)				
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, forn	n, 20f. (City	or town)	(0	ounty)		(Stote
MEDICAL	Haur o.m. p.m.	19	While	Nat while	foct	ory, street, office	e bldg., etc	:.)					
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		7		ded the deceased f									
	sow the decease	olive on	duly	_5_19_61, and t	hat de	eath occurred	d of : Z	(MA) rom	the causes or	nd an the	date		
	220. SIGNATURE		/	,		ATTENDING	G M	ED.	STAFF			. , .	b. DATE , SIGNEI
	22- BUNGICIANUS	hours of	4	-	N	N.D. PHYS.		RECTOR .	STAFF PHYS.			7/9/	61
	22c. PHYSICIAN'S NAME (Type)	//		3.475.43		22d. ADDRE							
		Sanuel II.	Jaco	bson, M. D.		50_1	Persh	ing St	. Cumbe	rland.	_lfd		
23a	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMET	TERY OR	CREMATORY		23d. LOCAT	ION (City, town,	or county)		(Stot	e)
	BURIAL (Specify)	JULY 12,	1961	KALBAUGH	CEM	ETTERY		ELK	GARDEN.	W. V	1.		
	FUNERAL DIRECTOR'S			ADDRESS			25o. REC	D BY REGIST		STRAR'S SIG		E	
	MILDRED SE	IARPLESS		BLANNE,	W. V	Α.	DATE	JUL 1 2	'61	Inthun	9 5	4	

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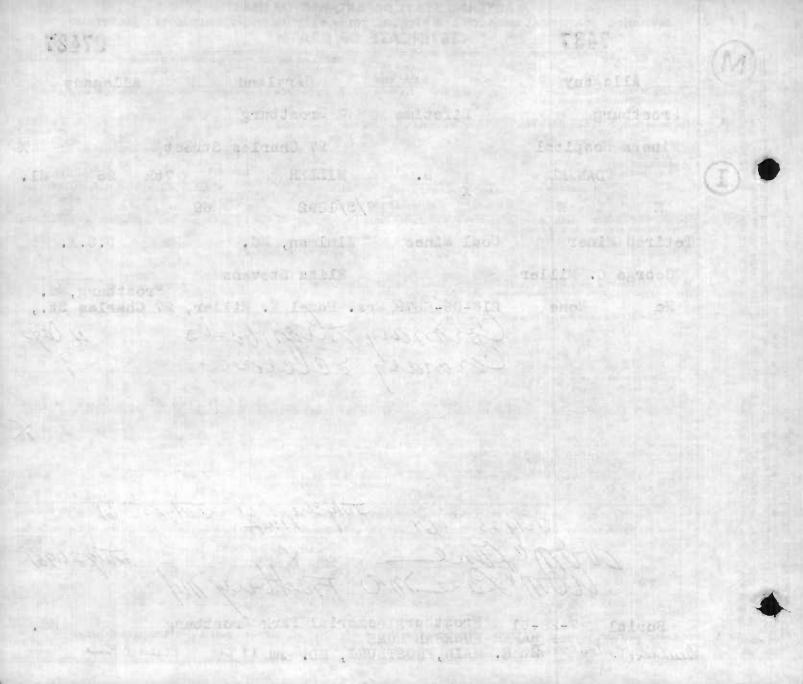
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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7	437	CERT	IFICATE	OF	DEATH	

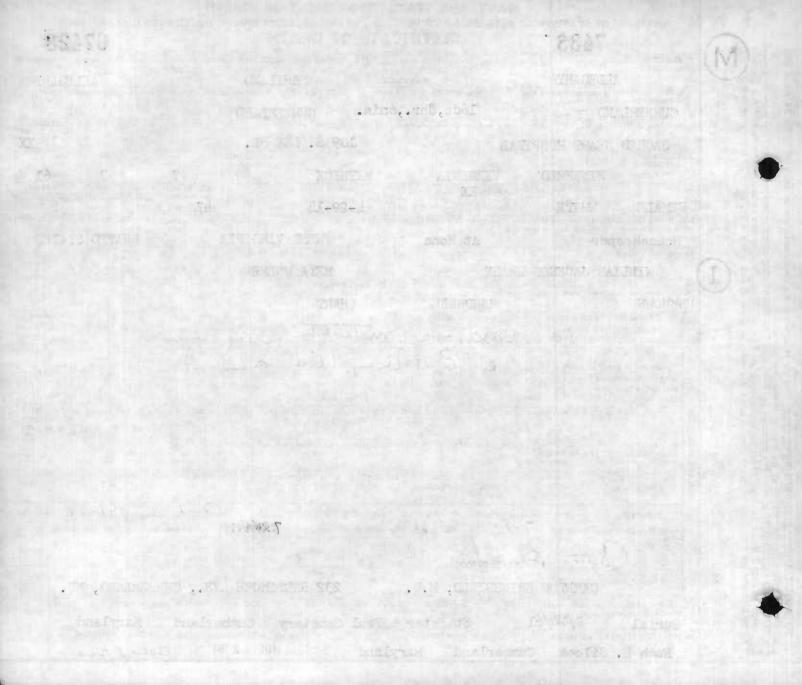
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e. COUNTY			a. STATE	CE (Where decess	ed lived, If institute b. COUNTY	ations Residen	ce before admission)
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b. CITY OR	TOWN (if outside corporate limits, JRAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		limits, write RUR	AL and give	neerest town)
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d. NAME O	F HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
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NAME OF	First	Middle	Last	rles St	Month	Dey	Yeer
(Type or pri		В.	MILLER	DEATH	7th	25	19 61.
. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	. DATE OF BIRTH		GE (In yeers IF U	NDER 1 YEAR	IF UNDER 24 HRS.
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Cetire 3. FATHER'S	d Miner	Coal Mines	Zihlman	Md . NAME		U.S	3.A.
Gear	ge C. Miller		Eliza St	ATTANA			
WAS DECE	ASED EVER IN U.S. ARMED FORCES?		INFORMANT	OACHB	Address	ethur	g, Md.
No.	None	216-09-6878 Mr	s. Hazel K	. Mille:	r. 27 (Thoula	8,000
	SE OF DEATH [Enter only one cous	e line for (e), (b), end (c).	s. Hazer I	· MTTTO	, 21	IN IN	S ST
PART	I I. DEATH WAS CAUSED BY:	(As An MA	TheAn	2/100	7	10	SET AND EATH
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	o immediate cause	- writing	occu	and			1
	g the underlying DUE TO						
cause lest.		IS CONTRIBUTING TO BEATURUT M	OT DELATED TO THE TERM	NIAL DISTAST CON	IDITION COVEN II	1.04.07.1/-1/-1	WAS ALITOREY
PAKI	II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	DI KELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN II	N PAKI I(0)	PERFORMED?
5							YES NO
OR CONTR	DENT WAS UNDERLYING [] 201 RIBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of i	tem 18.)		
20c. TIME	OF INJURY Month, Dey, Yeer		ACE OF INJURY (Home, fer		lown)	(County)	(State)
Hou	n.m. 19	While Not While fec	tory, street, office bldg., etc)			
			Title 27	10//	Tillers	10/1	1 . (1) () 1
		attended the deceased from:	1 110	142/			hat (I) (we) las
1	deceased alive on Uy	196./., and that	death occured at:.2	A, from th	e causes and	on the d	
22e, SIGN	Work of the contract	ane .			STAFF PHYS.	TITO	22b. DATE SIGNED
22c. PHYS	SICIAN'S AS (Type)	Lane Mrc	22d. ADDRESS	True :	md	1	
30. BURIAL,	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. JOCATIC	N (O.ty, town or	county)	(Stete)
Bur	17 00 07	Frostburg Me	morial Par	k Frost	burg		Md.
	PRECTOR'S SIGNATURE HAFE			C'D BY REGISTRAR	25b. REGISTR	AR'S SIGNA	
Goulal	N. Moulesaut 3 E			3 1 '61	arthur	S. Krau	A



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7438 within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 16da. Bhr. 6min CUMBERTAND .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 109 S. LEE ST. YES NO HOSPITAL 3. NAME OF 4. DATE First Middle Month Dey DECEASED OF DEATH (Type or print) WINTERED VIRGINIA MITHNITCK 19 61 00 IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) and Months Days Hours DITAMORE WIDOWED DIVORCED The law requires that the death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) VIRGINIA At Home UNITED STATES Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending pue WILLIAM JACKSON BRASK META WOLFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (Ifyes give wer or dates of service) IINKNOWN CHARI hospital or attending physician. certificate has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO hospital or attending Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PHYSICIAN: PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? as NO Y use prior CERTIFIC, 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER DIRECTOR: After the should be detached WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work -7 19 61, and that death occured a 7:26 PH in the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING autton PHYS. DIRECTOR PHYS. M.D. ERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BALTIMORE AVE. CUMBERLAND, MD. 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) dir. & Paul Cemetery Cumberland 0 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUL 1 2 '61 Cumberland Maryland Ruth E. Silcox arthur & three 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



TO F

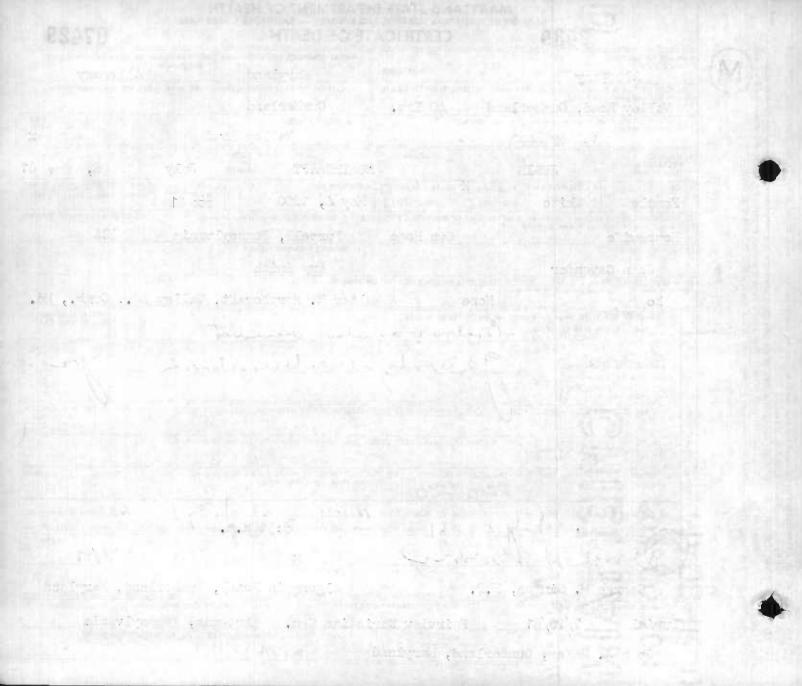
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7439

07429

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENC		d lived. If instituti b. COUNTY			sion)
b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limits	, write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWI		orole limits, write F	Allega RURAL ond give		n)
- N	oad, Cumber. AL (If not in hospitol, given		40 Yrs.	d. STREET ADDRE	erland ess			e. IS RES	SIDENCE A FARM?
OK INSTITUTION	Valley Road	1		1	Valley Ro	oad		_	NO.
3. NAME OF DECEASED (Type or print)	First JUDIE		Middle	NORTHCRAFT	4. DATE OF DEATH	July		Day 8,	Yeor 19 61
5. SEX	6. COLOR OR RACE	MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE.		7
Female	White	WIDOWED [DIVORCED [May 4, 188	80	last birthdoy)	Months Day	s Hours	Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work do ing life, even if retired)		Own Home	Purcel:	(Stote or foreign of		12. CITIZEN		COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME				
John Ca	avender			Amy S	Smith				
	R IN U. S. ARMED FORC		SECURITY NO. 17.	INFORMANT		Add	ress		9
No		None		Walter H. No	orthcraf	t, Valley	Rd., C	umb.,	Md.
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediate DUE TO	Cerel 924	waly	el Gut	Lugar	Lunzi		NSET AND	<i>-</i>
САТК				RED. (Enter noture of inju			ACIA HATONI IIO	PERFC YES _	ORMED?
-!	Y Month, Doy, Year	While No		PLACE OF INJURY (Home factory, street, office bldg		y or town)	(Coun	(y)	(Stote
21. I certify tha	t (I) (this haspital) ed alive on	attended the		MAY death accyrred at	1963 to	the couses ar	/	that (1) (ite stated	
220. SIGNATURE	re my	LANON	~	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7/10	/61	SIGNEE
PAC PHYSICIAN'S NAME (Type) GEOTY	e M. Simons	M.D.		Algonat	uin Hote	l, Cumber	land, M	aryla	nd
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 236. DATE THEREOF		irview Ch	or crematory ristian Cem		TION (City, town,		(Sto	te)
24. FUNERAL DIRECTOR:	s signature Hafer Cui	AE	ODRESS	25a	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNA	TURE.	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \frac{\pi}{2} \text{ of MNERAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and contact the filled in by the funeral size of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

7440	CERTIFICATE	OF DEATH	STREET, BALTIMORE I,	07430
1. PLACE OF DEATH a. COUNTY			ICE (Where deceased lived, If instit	tution: Residence before admission)
Allegany	MARYLAND	Mary Land	b. COUNTY	egany
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write RU	
write RURAL and give nearest town) Cumberland	70yrs	Cumber La		2 . IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in IIO5 Virginia	nospital, give street eddress)		irginia Ave	ON A FARM?
3. NAME OF First	Middle	Last	A. DATE Month	Day Year
(Type or print) John H. Ornd	off		OF DEATH July	30. 19 6I
5. SEX 6. COLOR OR RACE 7. MAR		DATE OF BIRTH	9. AGE (In yeers IF L	
	WED A DIVORCED	More TT		onths Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b	KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
Retired Millwright	in Plate Mill	Oldfield	i. W.Va.	USA
13. FATHER'S NAME	TIL LTG CC MITT	14. MOTHER'S MAIDEN	NAME	U DAR
Henry Orndoff		Sarah M.	. Lee	
	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No	220-10-0864	Mamie (Orndoff IIO5	Virginia Ave.
18. CAUSE OF DEATH [Enter only one cause p	or line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Maen	un		3 MKs
DUE TO	1	- 5	0 1	
Conditions, if eny, which	sycardel	es e alle	remiserati	in 10 yes
gave rise to immediate cause (a), stating the underlying DUE TO	900	A	. 0	
cause last. (c)	tremos	cliron	2	Zogis
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 0
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item 18.)	
0 ====		CE OF INJURY (Home, far		(County) (Stete)
☐ Hour e.m. W	hile Not While Tact	ory, street, office bldg., et	(c.)	
21. I certify that (I) (this hospital) att	ended the deceased from	feen	196/ 10 July 30	, 19.6./, that (I) (we) las
		death occured 2.	3.M, from the causes and	
22a. SIGNATURE	west "	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Clay E. Di	ırrett		irginia Ave Cu	
23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of	or county) (State)
Burial 8-2-6I	Sabury Ceme	etery	Asbury, W.Va	
James F.Scarpelli Cu	umberland, Md.	25e. RI	AUG 4 '61 256. REGIST	TRAR'S SIGNATURE
		IDAIL		, , , , , , , , , , , , , , , , , , ,

MILLE WILL Comparison C. SEMESTRY SCOTT S Thomas ... Sendot n Henry Cryotal

. nt. brainsdeut lifegrand. T bearf.

10822 v in the state of Beral Yacmid - arvoy 1705 Virelain Ave LB C . O. VLDL IS LESI . II . VON selections of the state of the state of the beautiful benefited by marah M. bee .avl almingiv doll Trobmro class 4080-01-083 the formation of the first of the second of Medican Contract The state of the Party of the P All received the son of the son of the Clay E. Duerett . We wind to ave atmistif Bos ... Builts -6-1-e- Sabury Cere my Asbury, ... Va.

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VR A15 (4) 1SM 9/59

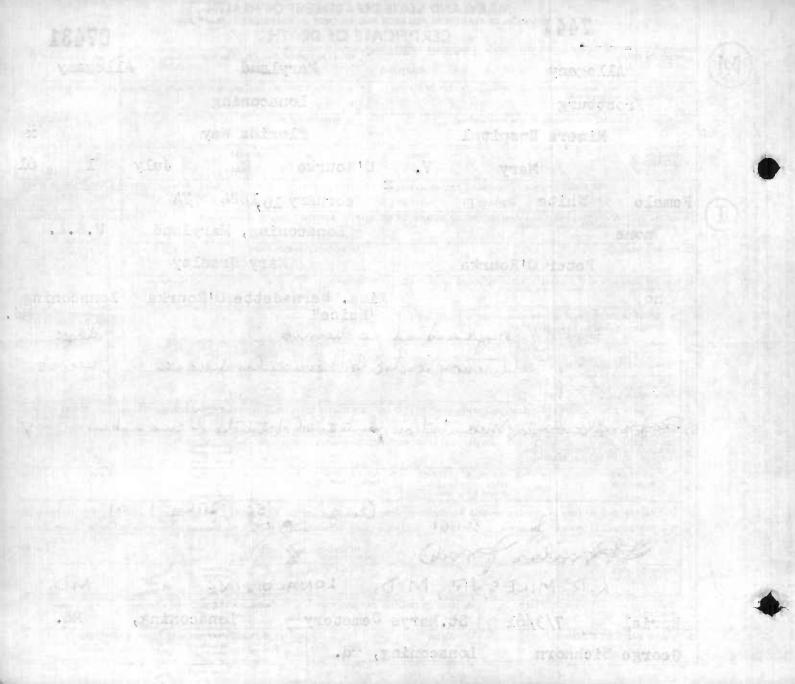
MARYLAND STATE DEPARTMENT OF HEALTH

744 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07431

o. COUNTY AL	Legany		MARYLAND	2. USUAL RESID	ence (where decessed aryland	d lived. If institut b. COUNTY		efore admission)
b. CITY OR TOWN (IF RURAL and give ne Frost	outside corporate limi	its, write c.	LENGTH OF STAY IN 16		OWN (If outside corpo		RURAL ond give	nearest town)
d. NAME OF HOSPITA	AL (If not in hospital, g		_	d, STREET A	DDRESS Florida V	lay		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)		ry	Widdle V	O'Rourk		J.	uly	Yeor 61
sex Female	6. COLOR OR RACE White	7. MARRIED	□ NEVER MARRIED ♣	B. DATE OF BIRTH	7 001	9. AGE (In years last birthdoy) 77/14 yrs.	Months Day	AR IF UNDER 24 HRS. s Hours Min.
0a. USUAL OCCUPATIO during most of worki none	N (Give kind of wark ing life, even if retired	dane 10b. KIN	ND OF BUSINESS OR IND		ACE (State or foreign of coning, I	daryland		OF WHAT COUNTRY?
3. FATHER'S NAME	Peter O	Rourk	a	14. MOTHER'S	Mary B	radley		
S. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s			informant iss. Ber	madetten		iress Lo	naconing
	mediate Dus To	Mycate	- 1-0	"Neice" Lachen Cardio	ascular d	iscare	o	HEAVE BETWEETH AND DEATH
PART II. OTH 200. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON CONEMIC S UNDERLYING CAUSE OF DEATH	DITIONS CON Wal 206. DESCRI	NTRIBUTING TO DEATH BUTTER TO	alutestine	al obstruct f injury in Port I ar Par	ion - can	VEN IN PART 1(a	PERFORMED? YES NO
21. I certify that	(I) (this hospitoled olive on	at work [death occurred				that (I) (we) loss the stated above. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	R. MIL	ES, J	R, M.D		SS SACOWIN	STAFF PHYS. TION (City, tawn,	ar country	MD.
REMOVAL (Specify) Burial 4. FUNERAL DIRECTOR'S	7/3/6	61		Cemetery	L	onaconi		Md.
George E]	Lonaconing	, Md.	DATE JUL 5		thus S. H.	



CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Allegany arvland by the and 2 death. legany MARYLAND b. CITY OR TOWN (if outside corporete limits, by # c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) filled in Pages 1 50yrs Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 30 Race Street YES NO NO hou NAME OF Middle 4. DATE Month Dev Yeer DECEASED July 30. 196 I DEATH (Type or print) Pittman Dora 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months Hours WIDOWED THE DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Martinsburg, W. Va. USA Ownhome Housewife FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending p 2 requires that the death Lydia Miller Schad Henry WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes giva war or dates of service) Samuel Scaturo 30 Race St. Mrs. None attending physician. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cate per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Dey, Yeer 20f (City or town) factory, street, office bldg., etc.) Hour a.m. at work DIRECTOR: 19, that (1) (+++) last M, from the causes and on the date stated above., and that death occured a saw the deceased alive on...... SIGNED ATTENDING DIRECTOR page 22d. ADDRESS S. Centre St. Cumberland, Md ichard J. Williams 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. Hillcrest Burial Park Cumberland, Md. P d 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland, Md. arthur & Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

ALIGNATY 10 .03 A STOLE OF THE STOLE OF Ounhous transpure, W.V. . Usa INCLEONING Henry Schad drs. bannet Jestund do nace al. was a sun of the same of the and to a contract the live of fillipse and and the form I S C. Centre St. Dunberland . 3 S I From to or minifens Burnal Barral Carbon Hallowers Hurtal Carbon Large, Co.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY e. STATE by the and 2 death. ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) d. STREET ADDRESS CUMBERLAND 12 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO Hospital 3. NAME OF Middle Dey Yeer DECEASED OF DEATH (Type or print) Catherine IF UNDER 24 HRS and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR 5. SEX 1901 ₹ last birthday) Months Devs Hours WIDOWED [60 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY +1. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE Own home MARYIA ND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Marlev MARTIN P. MARTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as o prior use 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 2De. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH WEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer Not While factory, street, office bldg., etc.) While Hour e.m at work at work saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) .G. Weisman, M.D. Green Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e. BURIAL, CREMATION. REMOVAL (Specify) Cumberland, Maryland Sts. Peter & Paul's Cem 0 Buria

ADDRESS

25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Cittur & Kraus

4 VR A15 (4) 15M 9/60

within 24 hours

death certificate



24 FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

TAIL THE WAY SHOW THE PARTY OF THE PARTY OF

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the state of the s

John J. Balor, Sumborland, Forgland and mante to the street of the stree

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) director. Page or your files. e. COUNTY b. COUNTY delay is necessary, Maryland ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fown) write RURAL and give neerest town) Hagerstown Near Luke, Maryland Minutes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS for Boar uneral Lice St. ained State 3. NAME OF First Middla Last 4. DATE Month DECEASED the Donald DEATH (Type or print) Guv Reckart July with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR may 2 last birthdey) age 5 may 1 and 2 will 72 hours Months bue Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY MRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page done during most of working fife, evan if retired) Truck Driver Trucking .Va. within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warley Reckart Lulu Rodeheaver File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or detes of service permit. Junior Reckart Markleysburg. yes EUTY MEDICAL EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] burial-transit Office along PART I. DEATH WAS CAUSED BY: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (e) DUE TO SKULL FRACTURE Conditions, il ony, which (b) geve rise to Immediate ceuse "pending" P Examiner's DUE TO (a), steting the underlying 95 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION the word Pe Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. TRACTOR Chief age 3 writing 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURREDE 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) should be forwarded to the Chir FUNERAL DIRECTOR: Page factory, street, office bldg., atc.) at work et work Rt.135 near Bloomington.Garrett.Md. Inspection 😿 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER SIGNATURE July 15, 1961 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Cumberland. Md. NAME (Typa) BENEDICT SK TARELIC M.D. Add 22e, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cuzzard July 19, 1961 40 Burial Cuzzard . Cem. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR · arthur S. Trace DANUL 1 9 '61 Westernport, Maryland

Washington

Day

15

Devs

U'S.A.

. IS RESIDENCE

YES NO K

196T

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

30 Min.

30 Min.

PERFORMED?

NO F

(State)

YES X

and in my opinion

DATE SIGNED

(State)

W. Va

(County)

Min.

Year

ON A FARM?

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OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY h COUNTY MARYLAND Allegany Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Р Life Ellerslie Ellerslie d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NOW NAME OF Middle 4. DATE Lost Month Yeor DECEASED (Type or print) Millard C. Reed Buly 15. 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours DIVORCED | WIDOWED | Male Dec. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Textiles USA C:enaese Employee Mt. Savage, Md. 13. FATHER'S NAME 200 Myrtle Flaegle Charles T. Reed ove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. M.C.Reed. Ellerslie, Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) foctory, street, office bldg., etc. Hour o. m. While Not while at work ot work p. m. (1) (this haspital) attended the deceased from 3/25 19.6/, that (1) we) last , and that death accurred at M. from the causes and on the date stated above 196/ saw the deceased alive an 22o. SIGNATUR 22h DATE SIGNED ATTENDING PHYS. DIRECTOR [22c. PHYSICIAN'S 22d. ADDRESS NAME, Type! 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stote) 18.1961 Cooks Mills Hyndman, Pa. RD#1 ENNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Orthun S. Kraus Hyndman, Pa. 9 '61 DATE !!!! 15M 9/59

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3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		r this certificate has been signed by the attending physician and con aly filled in by the funeral	Pages	Tate L
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7436

1. PLACE OF DEATH • COUNTY ALLEGANY		WAR YLAND		institution: Residen	
	TH OF STAY IN 16 c. C	CITY OR TOWN (If outside con	porata limits, writa	RURAL and giva	geerast lown)
write RURAL end give neerest town) CUMBERLAND, MD.	DAYS O	CUMBERLAND, M	D.		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give	street eddress) d. S	TREET ADDRESS			e. IS RESIDENCE
MEMORIAL HOSPITAL		714 GLENMORE	ST		YES NO T
3. NAME OF	Middle	Last 4. DATE	Month	Day	Year
(Typa or print) VIOLA	н.	RICE OF DEAT			1961
FEMALE 6. COLOR OR RACE 7. MARRIED NEV		3-1896	9. AGE (In years lear birthday) 5 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIL	RTHPLACE (County & State, o	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
Housewife Ownhome	CI	JMBERLAND, MD.		U.S.A	
13. FATHER'S NAME		THER'S MAIDEN NAME			
GEORGE W. HOFF	HELIO HELIO	ANNA M. BAKE	R		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. INFORM	ANT	Address		
(Yes, no, or unkown) (Ifyasgivewerordatesofservice)	MEMOR!	IAL HOSPITAL,	CUMBERLA	ND, MD.	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e)		0 1			TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	te Cerronal	Opeluse-		Of	NSET AND DEATH
4/201/ DUE TO 1	1	111	11		
1 0 10 11 11 11 11 11 11	waltente Con	dellar le	Recai	1	
gave rise to immediata cause	si-pulled Cell	- word	,	1	
(e), steting the underlying DUE TO					
10/	G TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASI	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
OILA					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HO OP CONTRIBUTING CAUSE OF DEATH OF CHITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURED. (Enter ne	eture of injury in Pert I or Pert	II of item 18.)		
	CCURRED I 2Do PLACE OF IN	JURY (Home, farm, ' 20f. (C	ity or town)	(County)	(Stete)
Hour a.m. WhileNot		, office bldg., etc.)		(Coomy)	(31314)
21. I certify that (I) (this hospital) attended the	deceased from	1961, to	Jack,	1 196fin	that (I) (we) las
saw the deceased alive on July (c) 19	9.6. and that death				late stated above
228. SIGNATURA	AT	TENDING MED.	STAFF		22b. DATE
La House full the	M.D. PHY		PHYS.		7/11/6
20c. PHYSICIAN'S	22d	. ADDRESS			
DR. OVERTON G HIMM	ELWRIGHT	133 VIRGINIA	VE., CUM	IBERLAND,	MD.
	AME OF CEMETERY OR CREM		CATION (City, to		(Stete)
Burial 7-I3-61 Hi	.llcrest Buri	ial Park Cun	berland	A,Md.	
24 FUNERAL DIRECTOR'S SIGNATURE A	DDRESS	25a. REC'D BY REGI	STRAR 256. REG	GISTRAR'S SIGNA	TURE
James F. Scarpelli Cumberl	and, Md.	DATEJUL 1 3 '6	1 0.	Thur S. Krac	A
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DR. OVERTON & HIM EMERICHT 133 VIRGINIA AVE., - COMBERLING, ND.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death of the hospital or attending physician.

TO . MERAL DIRECTOR: After this certificate has been signed by the attending physician and corrections. After this certificate has been signed by the attending physician and corrections as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, fithin 2 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 07437

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
* ALLEGANY MARYLAND	*. WAVA. Morgan
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Cumberland I Day	PAW PAW, W. VA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) MEMORIAL HOSPITAL MEMORIAL & WARWICK AVE.	d. STREET ADDRESS c/o Postmaster 6. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Typa or print) MARY Katherine	ROBEY DEATH JULY 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	June 20. 1894 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	
done during most of working life, even if retired) Housewife	Paw Paw, W. Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Kline	Sarah Dolland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no_or unkown) (If yes give war or dates of service)	ÆMORIAL HOSPITAL, CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).)	I INTERVAL BETWEEN
7 4 7	entstong vacquer disease
DUE TO OCCUPANTION	and here constitution and the
Conditions, if eny, which (b)	100 mg
(a), steting the underlying DUE TO	5-14-
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Nicheta Molliting Otter	usine la Renous a Operare MES I NO IF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Contribution	. (Enter neture of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at week	ory, street, office bldg., etc.)
	8-10-00 7-111
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occured at 7:45P Mm the causes and on the date stated above
22a, SIGNATUR	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DR W. F. WILLIAMS	122 S CENTRE ST., CUMBERLAND, MD
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slate)
Burial 7/9/6I Camp Hill (Cem. Paw Paw, (Morgan) W. Va.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Parks-Johnson Co., Berkeley Sprin	ngs, Wood a. JUL 10'61 arthur & thrown
	Sectional Liverille

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June 20, 1894 era ew rew, b. Va.

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12-2-61-8 12-6-61

DR. V. F. WILLIAMS - 1 - 12 STITE ST., CHMSERLAND, NO.

TAYOU - Commentate Com. - and Pew Bow, (Morren), w. Vin.

Parks-Johnson vo., Serkeley Springs, W. Re. W. Col.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7448 funeral 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY b. carlegany by the and 2 death. Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Cumberland Lifetime filled in Pages 1 urs after Cumberland e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 975 Williams Road 975 Williams Road YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) 19 6T July Robinette and cor 9. AGE (In years) IF UNDER I YEAR withi IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 16 DIVORCED I868 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, aven if ratired) USA General Housework Cumberland, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please 5 attending Mary Dunn Hanson Bucy 16. SOCIAL SECURITY NO. | 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Riley Payne 975 Williams Road 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immadieta cause DUE TO (a), steting the undarlying certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH Pol After this (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 21. I certify that (I) (this hoppital) attended the deceased from. 6. 1, and that death occured at 123 from the causes and on the date stated above. saw the deceased alive on. ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Virginia Ave. Cumberland, Md. NAME (Type) Durrett 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O To Mt. Herman Cem. Cumberland, Maryland Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus James F. Scarpelli Cumberland, Md. DATEJUL 2 6 '61

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION 77.7.0

MAKI	LAND STATE DEPARTMENT OF	NEALIN
OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
77.7.0	CERTIFICATE OF DEATH	07439

CERTIFICATE OF DEATH

1. PLACE OF DEATH •. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDER 6. STATE MARYLAN	0.00	b. COUNTY		ca bafora admission
b. CITY OR TOWN (if write RURAL and c	ND. MD.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ete limits, write l	RURAL end giva	nearest town)
d. NAME MOR PATE	AL HOSPITAL (if not in h	ospital, give street addrass)	d. STREET ADDRESS			- 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First OR IE	Middle V•	ROYCE	4. DATE OF DEATH	JULY	Day 14	Yaor 1961
5. SEX MALE	6. COLOR OR RACE 7. MARR		AUG 26. 18	_ 1	L L * . L 1 1 1	Months Deys	Hours Min.
loe. USUAL OCCUPATIOn dona during most of work Retired T		Railroad		unty & Stata, or for	raign country)	U.S.A	F WHAT COUNTRY
I3. FATHER'S NAME WIL	LIAM H. ROYCE		ANNA E.				
(Yes, no, or unkown) (If) NO 18. CAUSE OF DE PART I. DEATH	vas giva war or datas of service)	5. SOCIAL SECURITY NO. 17. 05-09-7017 Fina for (a), (b), and (c).	MEMORIAL HOS	PITAL, C	Address UMBERLAN	INI	ERVAL BETWEEN USET AND DEATH
Conditions, if any, gava rise to immadia (a), stetling the uncausa last.	ta causa	hyonic	Nof	hrit	in r		7
PART II. OTHER	SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE CO	ONDITION GIVE	_	9. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED). (Enter netura of injury in	n Pert I or Part II o	f itam 18.)		
20c. TIME OF INJUR Hour a.m. p.m.	Wh	I	ACE OF INJURY (Homa, fa tory, streat, office bldg., at		herle	(County)	May M
	5/1	nded the deceased from	4/10/4/	19, to	// / / 4	19, t	

PHYSICIAL NAME (T DR. RICHARD J. WILLIAMS

23b. DATE THEREOF

7-7-1961

23a. BURIAL, CREMATION, REMOVAL (Specify)

ATTENDING MED. DIRECTOR STAFF PHYS. 22d. ADDRESS

122 S. CENTRE ST., CUMBERLAND, MD 23d. LOCATION (City, town or county)

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cumberland, Md.

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS James F. Scarpelli, Cumberland, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE arthur & Kraus DATE

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Retired Truck Foreman Reinroad

ROYON AR MALLITY

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DEFORMAL SUSPITAL, PROFESSIONS, NO.

DR. HELCHARD J. WIGHTAND 122 S. CENTRE ST., CHMESTLAND, DD.

A-1-1981 | Summer Henords 1 Park Combettand, M.

James E. Boargelli, Subberland, Ed.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. pluods please 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside of c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RORAL and give newest town) d. NAME OF (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? YES TO delay NAME OF First Middle DATE Year OF (Type or print) DEATH 1961 any for 6. COLOR OR RACE 7. MARRIED AGE (In yeg IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED Months Days WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give INDERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: AORTIC VALVE STENOSIS YEARS IMMEDIATE CAUSE (a) DUE TO ENDOCARDIAL FIBROELASTOSIS Canditians, if ony, which CONGENITAL in pencil gave rise to immediate cause buo **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY OS CATION PERFORMED? pending NO F iner's CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) Exam the word WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) factory, street, affice bldg., etc.) Hour a. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X. Inquiry Y and find that Chief to the Chief. death resulted fram: Natural causes M. Accident , Suicide . Undetermined cause Hamicide . certificate, DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. FRAL ASSISTANT MEDICAL EXAMINER Pa DEPUTY **EXAMINER'S** the d DEPUTY MEDICAL EXAMINER TO NAME (Type) BENEDICT 1961 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City (State) REMOVAL (Specif 0 23. FUNERATIDIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death or page 4 may be retained by the hospital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and control of the place of the

아 A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
07441

1. PLACE OF DEATH			E (Where decessed lived, If i		ca before admission)
o. COUNTY ALLEGANY	MARYLAND	a. STATE	MARYLAND COUN	ALLE	GANY
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete limits, write	RURAL and give r	nearest town)
CUMBERLAND	27 DAYS	CUMBERLAN			
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL		439 RACE	ST.		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day	Year
(Type or print) JAMES	ARTHUR	SAVAGE	DEATH JULY	24, 1961	L 19
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthdey)		IF UNDER 24 HRS.
MALE WHITE WIDOW	ED DIVORCED	MARCH 2, 189		Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Steta, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	HURCH	MARYT AND		U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
SHERMAN G. SAVAGE		MARTHA	CROSS		
15 WAS DECEASED SVED IN U.S. ADMED CORCEGO LAG	SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
(Yes, no, or unkown) (If yes give we ror dates of service) NO	4-01-4268 Mr.	TIENTS CHART	avage 439 Ra		
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).}		Cumberland		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ncer, left pleur	a (mesoendot	chelioma)		S SEL VID DEVIL
DUE TO					
Conditions, if eny, which (b)					
geve rise to immediate ceuse					
(a), steting the underlying ceuse lest.					
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
Coronam	arteriosclerosi	g. mycogndia	7 fibrosis		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED.				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Month, Dey, Yeer 20d		E OF INJURY (Home, farm		(County)	(Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d Whi Hour e.m. Whi p.m. 19 et wo	1401 44 11110	ry, street, office bldg., etc.			
21. I certify that (I) (this hospital) atter		June 17	19 61 to July	24 1067 .	hat (1) (we) last
	23 19.61, and that				
22a. SIGNATURE	and that			and on me de	22b. DATE
	M.E.	manue TET m	NED. STAFF		7/24/61
22c, HHYSICIAN'S	IVI	22d. ADDRESS			
SANUEL M. JACOBSON, I	M.D.	PERSH	ING ST. CUMBE	RIAND. MA	ARYLAND.
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tox	vn or county)	(State)
Buryla 1°cify) 7/26/1961	Oak Grove Cer	metery	McHenry, 1	vid.	
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	GISTRAR'S SIGNA	TURE
Ho Leighbore	Oakland,	Md. DATE	UL 28'61 C	Irthur & Ha	
7				1. 1. 1. 1.	

12460 The sinks of JUST 21, DEST HOAVAG TO MAKTER 196-01-6868 cra. daman bayare 409 hees at the consorrand, ear THE PARTY OF THE P tuned / T/93/1961 took from comments / T/93/1961 took Till , New Miles Constant, 1st. Market was a series

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		RYLAND STATE DE				
	50	CERTIFICAT			RE 1, MARY	7442
PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decessed lived, If I b, COUN		ce before admission)
ALLEGANY		MARYLAND	MARYLANI	ALI	LEGANY	
b. CITY OR TOWN (if outs write RURAL and give CUMBERLA)	neerest town)	c. LENGTH OF STAY IN 16	8 0	If outside corporate limits, write	RURAL and give	nearest town)
d. NAME HOSPITAL	HOSPITAL not in	hospitel, give street eddress)	6. STREET ADDRESS	ST., CUMBERLAI	ND, MD.	a. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print)	JULIA	MARGUERITE	SHAFFER	DEATH JULY	17	1961
	HILTE	RRIED NEVER MARRIED X	2-24-4868/]	9. AGE (In years lest birthday) 72 yrs.	Months Deys	Hours Min.
HOUSEKEE FATHER'S NAME C	lifa, evan if ratired)	AT HOME	CHAMBERSBO	PENNA . NAME ELLA BEDFORD	U.S.A	DE WHAT COUNTRY?
(es, no, or unkown) (Ifyesg			MEMORIAL HOS	Address PITAL. CUMBERLA		
18. CAUSE OF DEAT		NONE per line for (e), (b), and (c).	1	relación	I IN	TERVAL BETWEEN NSET AND DEATH
Conditions, if eny, which gever rise to immediate co. (e), stating the underly cause lest.	euse Due TO	ac fenestante	Carda low	ala Plesiace		Ø
PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO				19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF INJURY HOUR B.M.	AUSE OF DEATH ICAL EXAMINER) Month, Dey, Yeer 2	Od. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, fer	m, † 20f. (City or town)	(County)	(State)

21. I certify that (I) (this hospital) attended the deceased from.....

that (I) (we) last caus sand on the date stated above.

saw the deceased alive on.

PHYS.

MED. DIRECTOR

OVERTON G HIMMELWRIGHT 133 23a. BURIAL, CREMATION, 23b. DATE THEREOF

VIRGINIA NIA AVE., CUMBERLAND, MD.
23d. LOCATION (City, town or county)

(State)

REMOVAL (Specify)
BURIAL

NAME (Type)

BURTAI. ADDRESS

CUMBERLAND

REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
1111 2 4 '61 Quilun & Thank

24 FUNERAL DIRECTOR'S SIGNATURE RUTH E. SILCOX

CUMBERLAND

MARYLAND

DATE JUL 2 4 '61

CHERMAN NO.

PERMIT FOR

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CONFECULARED (MO).

PERSON ST., CHARLESTON, NO.

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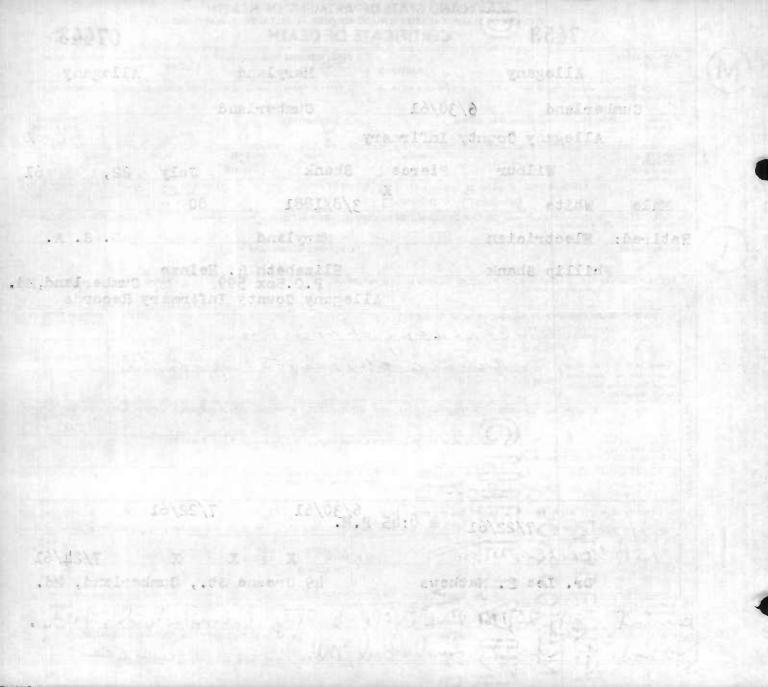
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CR. CHANGE HIPSCHAFTCHE 183 VIRGINIA AVE., CHINELINED. PD.

THE STATE OF THE PROPERTY OF T THE STREET CONTRACTOR CONTRACTOR OF STREET

after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH is nec.
director. Percountilles. COUNTY e. STATE b. COUNTY ALLEGANY W. VA. MARYLAND CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Curailis KESSEL. W. VA. Kessel . West Virginia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE Boar ON A FARM? Memorial Hospital, Cumberland, Md. State [YES NO 3. NAME OF 4. DATE Last Month Day DECEASED OF (Type or print) DEATH ARNO SIMMONS 61 AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. may 2 wit last birthday) 1 and 2 will 72 hours Months Days Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) W. Va. U.S.A. pages 1 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME Sanford, Simmons WAYDE PRATT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or dates of service) MEMORIAL HOSPITAL, CUMBERLAND MD 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).] e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LOBAR PNEUMONIA. BILATERAL 3-4 Days IMMEDIATE CAUSE (0) Office burial-t DUE TO Conditions, if eny, which gave rise to immediate causa DUE TO (a), steting the underlying 95 OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? ld be NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 3 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While MEDI et work at work O.B. 21. I certify that I took charge of the remains described above, held an Autopsy 🟋. Inspection Y Inquiry Y and in my opinion 0 MEDICAL forwarded to DIRECTO Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Benedict Skitarelic M.D. Addi Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) (Stete) 22a, BURIAL, CREMATION, REMOVAL (Specify Newhause Cemetery 240 g 1961 Rig. West 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTO VS. A15ME arthur S. Kraus 5M 9/60

(1) Candod of the state almi will one . Fessel. to Destrodant, Louispos Intucati C. STEUDIS 0 0 0 tonomia, biminate THE PROPERTY OF THE PROPERTY OF THE PROPERTY AND PARTY OF THE PARTY OF TOTAL SMEURONANTA ALMONOMIC CASOLI Dened lot Birth and te. N. D. Charles The state of the second second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	7455	CERTIFICA	TE OF DEAT	H		07445
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	g. STATE		If institution: Rep. COUNTY	sidence before admission) Allegany
b. CITY OR TOWN RURAL and give r		c. LENGTH OF STAY IN 16 9/3/60		If autside carporate lin	nits, write RURAL	and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Allegany Coun		d. STREET ADDRESS	Offutt S	treet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Viola Viola	Middle Virginia	Slider	4. DATE OF DEATH	Month July	Day Year 23, 1961
s. sex Female	6. COLOR OR RACE 7. MARI	DIVORCED [8. DATE OF BIRTH 6/21/1879	e last	32 yrs. Mon	
during most of wor Housew 13. FATHER'S NAME	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	Marylar	nd	12	U. S. A.
	Jessie P. Dav		Jeanet	tte Jeffr		
(Yes, no, or unknown)	(If yes, give war or dates of service)	None A		Box 599 unty Infi		Cumberland, M Records
	immediate DUE TO	refor (o), (b), and (c).)	cha, deg	emsle		INTERVAL BETWEEN ONSET AND DEATH
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASE CON	DITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 13
OR CONTRIBUTING	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Part II af i	item 18.)	
ZOc. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Year 20d. I While at war	Not while fo	LACE OF INJURY (Home, fo actory, street, office bldg.,		vn)	(County) (State
21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (I) (this haspital) attended ased alive an 7/22/6	1 19 6 Gin 2 Mar	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STADIRECTOR N PHY	causes and an	the date stated above 22b.DATE SIGNED 7/24/61 nberland, Md

236. BURIAL, CREMATION, 236. DATE THEREOF BURIAL (Specify) 7-26-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, ar county)

Burial 7-26-6I Davis Memorial Cemet

24. FUNERAL DIRECTOR'S SIGNATURE

James F. Scarpelli Cumberland Maryland
DATE Cemetery Cumberland 25b. REGISTRAR'S SIGNATURE

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34.600 FO SEADS (1922) 下二十二十二十二十四百万万 ALK# SHUY Soy offers assess Allegany dounty Taffirery Viola Siniaria Liciy Lavi. LES Date Principle Comments Houseville ... Jeanie 2. Davio Josepha Jeffries Graberiand, Md. lilening County Inflament Become 12,4-03;6-15 12,455,4 ASUST TO THE PROPERTY OF THE P the description of the state of There is a series of the period of the perio

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1456
CERTIFICATE OF DEATH

07446

1. PLACE OF DEATH			ICE (Where deceesed liv		dence before edmission)
ALLEGANY	MARYLAND	. STATE MARY	'LAND	ALLEGA	ANY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and giv	ve neerest town)
CUMBERLAND	2 DAYS	OT CUMB	ERLAND		
d. NAME NORTAL ABBITTAL (If not in I	nospitel, give street eddress)	d. STREET ADDRESS		LIFE O DE	IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK AV		41 5	OUTH STREET		YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month De	ey Yeer
(Type or print) ELIZABETH		SPEARS		JULY .	7, 1961
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEA	
FEMALE WHITE WIDON	WED X DIVORCED	JANUARY 21,	00	yrs. Months Dey:	s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR		inly & State, or foreign co	ountry) 12, CITIZEN	OF WHAT COUNTRY?
)wnhome	CUMBERLAN	D. MD.	U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
GEORGE KORNS		ELIZABETH	CROUTHERS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Ifyesgive war or detes of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT	A	Address	
NO	212-18-1319 N	MEMORIAL HOS	PITAL - CUM	BERLAND. ME	0.
18. CAUSE OF DEATH [Enter only one couse of			, 1.		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	La	27 1	& fire	11	ONSET AND DEATH
170 Y DUE TO	ice of the	1	74		
Conditions, if eny, which (b)				A HA PORT	-
geve rise to immediate cause					
(e), steting the underlying Course lest.					
(6)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(e	
OIL					PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 1	8.)	
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTINE CAUSE OF DEATH OF CONTRIBUTINE CAUSE OF DEATH					
	d. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fee	rm, ' 20f. (City or town)	(County)	(Stete)
- Al 10	hile Not While fect	ory, street, office bldg., et	c.) ()	0 0 0	11. 740
		4/6/21	12 To	2711110	und fry
21. I certify that (I) (this hospital) att	1	/ / /	19, to		, that (I) (we) last
saw the deceased alive on	/ le./19, and that	death occured at	13.9.7%, Ardm the ca	uses and on the	22b. /DATE/
22/ SIGNATURE		ATTENDING	MED. STAFF		SIGNED
220 THYSICIAN'S MUM	anny "	D. PHYS.	DIRECTOR PHYS.	Ц	1/ 13/16/
NAME (Tape)	LAMC		CENTRE ST	CUMPEDI AM	D MD
DR. R. J. WILL 230. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY		CENTRE ST.,		(Stete)
REMOVAL (Specify)					(31616)
Burial 7-I0-6I	Rose Hill		EC'D 8Y REGISTRAR 25	land, Md.	NATURE
24 FUNERAL DIRECTOR'S SIGNATURE			JUL 1 3 '61	arthur & 1	
James B. Scarpelli Ci	umberland, Md.	DATE	10r 13 01	Chillian S. 1	COMM

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BISHISHED NEWBERL HOSPITAL - OURSELLAD, MO.

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demon F. Boarrell Comberland, to.

182 S. CENTRE ST., OURSENLIND, L.D.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) Ay delay is nec. funeral director. Pay-and for your files. a. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL end give nearest town) Cumberland Cumberland 40 vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 416 Park St. 416 YES NO IX Park 3. NAME OF Middla 4. DATE Month Day DECEASED OF Stierstorfer 61 Joseph DEATH (Typa or print) July 19 with r 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH S. SEX 9. AGE (in years HF UNDER 1 YEAR IF UNDER 24 HRS may 2 wit 1, 2, and 3 age 5 may 1 and 2 wit last birthday) Months Hours Aug. 14, 1895 Male WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? d be executed within 24 hours aff pencil in Item 18. Give Pages 1, 2 ice along with form PM3. Page done during most of working fife, even if retired) Steel Co. New York, N. Y. Retired Laborer USA File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Stierstorfer Mary Hoffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass permit. (Yes, no, or unkown) | (Ifyasgiva war or dates of service) office along with for a burial-transit permit Mrs. Wilson Smith, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS Conditions, if any, which (h) gave rise to immadiate cause "pending" sexecute the certificate, writing the word "bending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. EXAMINER: age 3 sho to burial, MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my opinion agent, Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER July 6. 1961 BENEDICT SKITARELIC, M.D. Addi Address (Street, city, town, or county) Cumberland. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) -10-1961 Zion Memorial Cemetery Cumberland, Md. Burlal 5 940 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME arthur & Hours Scarpelli, Cumberland, Md. 5M 7/59 DATE 11 1 1 161

MARYLAND STATE DEPARTMENT OF HEALTH

business of the court of . No. 11.7 PLAN II. Januar old which was represented to have a De Colet (et) Ture if all MARCHAR BEAUTIFUL OF SELECTION OF THE SE Rathred Laborur autrelows, as Tores Wire Tores LE CONTROL OF THE THE CONTROL SELEN, Sucher land, u. 1961 S 2015 S, 1961 . BY CHARLES CHARLES THE STATE OF THE STATE Sortal W. W. 19-19-1901 Selected Remortal Co. actry Conner Land. 18d. ... New York process of the process of t

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7458 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY b. COUNTY by the and 2 : death. Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give nearest town filled in Pages 1 arrs after Frostburg 28 yrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frostburg d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V Bealls Lane Bealls Lane NAME OF Middle Month DECEASED OF (Type or print) DEATH Teter Harry carbon 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months and WIDOWED Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Dentist-Self West Virginia Dental USA Employed) Mary Virginia Dennison Teter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Bealls Lane. (Yas, no. or unkown) | (If yas give war or dates of sarvica) Louise B. Teter, Frostburg, Md 212-38-658

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and Mrs. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat office bldg., atc.) Hour am at work DIRECTOR: 196 21. I certify that (I) (this hospital) attended the deceased from....... to. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Broadway, Frostburg, Rothstein. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Burial Queens Point Cemetery Keyser, W. Va. 7-10-61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Frostburg, Md. 15M 9/60 alley & thous

RYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE HEALTH DEPT TO CITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, ply execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 km, funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07449

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
a. COUNTY Allegany MARYLAND	Maryland b. COUNTY Allegany
Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town)	
Cumberland 76 years	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
D.O.A. Memorial Hospital	215 Grand Ave.
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Alice Virginia Ti	rout DEATH July 1 1961
	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Feb. 6, 1885 76 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	
done during most of working lifa, avan if relirad) Practical Nurse Self Employed	Cumberland, Md. USA
13. FATHER'S NAME	Cumberland, Md. USA
John W. Robinette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mary Gross NFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordetes of service)	
	s. Jessie Brotemarkle, Cumberland, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY (OCCLUSION SUDDEN
420.1 DUE TO	
Conditions, if eny, which	SCLEROSIS
gave rise to immediate cause	
(a), starting the underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PARI II. OTHER SIGNATURANT CONDITIONS CONTRIBUTION OF THE SIGNATURE OF THE	PERFORMED?
S	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED. (E PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	inter natura of injury In Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Sleta)
1001 8.111.	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident , Suici	
Suite Council Holls: Indiana causes In Accident	CHIEF MEDICAL EXAMINER
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SIGNATURE & Genedict Skitarelie	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER X July 1, 1961
NAME (Type) Benedict Skitarelic, M.D.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial July 5,1961 Rose Hill Co	emetery Cumberland, Md.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, M.	d. DAUL 6 '61 arilun S. Krous

INTEREST OF REAL PROPERTY OF THE PARTY OF TH Current Lind D.O. O. Monortal Hospital Company and Property Ave. VIII. MIN Trout Win TIV BEEL Two Let Undite of the Art Company Feb. 6, 1885 176 -recolat Nurse Whell buy soys Dimber and, Ma. John a. kohin cie Mrs. Jennie Brotennrile, vunberl nov Met STORES CON TRAINING The figure in the second of th Bort I July M. 1983 Me e Hill Colerery . Landerin I. ed. Tunk at Section Conservation, was

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		7450		CERTIFICATE	OF DEATH		07450
	LLEGANY			MARYLAND	2. USUAL RESIDEN a. STATE PENNSYL VAN	CE (Where decessed lived, If institution b. COUNTY	
	o. CITY OR TOWN (if a	outside corporate limit ive nearest town)	\$,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If oulsida corporata limits, writa RURAL	Dey Year 1961 IYEAR IF UNDER 24 HRS. Days Hours Min. IZEN OF WHAT COUNTRY U.S.A. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH STORY IT (e) 19. WAS AUTOPSY PERFORMED? YES NO TO
1	MEMORIAL HO	SPITAL		spitel, give street eddress)	MEYERSDALE d. STREET ADDRESS RT. #4,	75X-	ON A FARM?
3.	NAME OF DECEASED (Type or print)	WARWICK A) First		Middle	TROUTMAN	4. DATE Month OF DEATH JULY	
5.	FEMALE	6. COLOR OR RACE	7. MARRII	ED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) 70 yrs.	RT YEAR IF UNDER 24 HRS.
	. USUAL OCCUPATIOne during most of worki			CIND OF BUSINESS OR INDUST		1001	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN		
		JOHN EMER	ICK		ELIZABET	H BONNELL	
(Ye	PART I. DEATH		cause per	line for (e), (b), end (c).]	est faikere	TAL, CUMBERLAND, M	ONSET AND DEATH
	Conditions, if any,	(~).		Hyperten	spire Heart clevotre He	Disease and	5445
	(a), stating the und ceuse lest.	DITE TO	J.	nemorie,	belateral	, escology underform	wel I mount
CATION	PART II. OTHER S	IGNIFICANT CONDI	IONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
CERTIFIC	200. ACCIDENT WAS	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour e.m. p.m.	Month, Dey, Yea	r 20d, While wo	eNot Whila fa	ACE OF INJURY (Home, fart story, street, office bldg., etc		ounty) (Stete)
	21. I certify that saw the decease		dan /			1956, to 7,5,1	
	22e. SIGNATURE	Denes	su	ear		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	220 PHYSICIANS				22d ADDRESS		

NAME (Type) DR. S.G. WEISMAN DATE THEREOF

GREENE ST., CUMBERLAND, MD.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) CEMETERY SOMERSE 256. REGISTRAR'S SIGNATURE REGISTRAR

FUNERAL DIRECTOR'S SIGNATURE

EMOVAL (Specify)

CREMATION, 23b.

23a. BURIAL,

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ELIZABETH BOWELL

TO OFFER ST., CONCERLAM, ID.

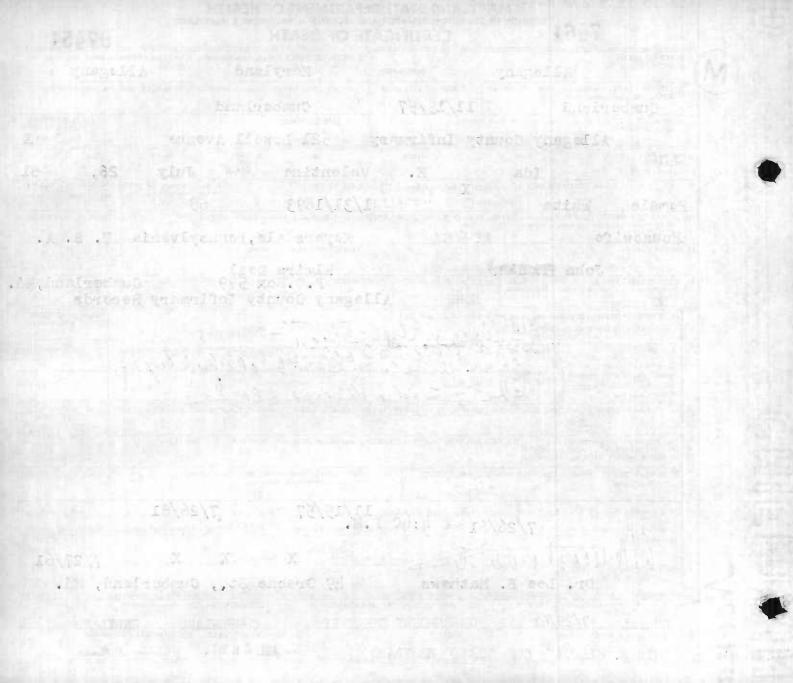
BURIAL JUNY STORT WHITE END LECETER MEGICALE BLEY SOMERSON

15-0175

DR. S.C. WEISHAR

DIVISION OF STATISTICAL

Page death. haurs within certificate death



MARYLAND STATE DEPARTMENT OF HEALTH

	MARIENTE DIVIE DE	MICELLAND OF		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
7462	CERTIFICATE	OF DEATH		07452

	0.700
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
ALLEGANY MARYLAND	*. STATE WEST VIRGINIA B. COUNTY HARRISON
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town) CUMBERLAND	CT ADVEDTIDO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	CLARKSBURG d. STREET ADDRESS i. IS RESIDENCE
	ON A FARM?
SACRED HEART DECATUR ST. CUMBERLAND, MD	
3. NAME OF First Middle DECEASED	Lesi 4. DATE Month Day Year
(7)	JANHORN DEATH JULY 17, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	JAN. 16, 1893 68 yrs. Months Deys Hours Min.
	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	THE PROPERTY OF A STATE OF A STAT
Boiler Fireman NATIONAL CARBON CO	WEST VIRGINIA UNITED STATES 14. MOTHER'S MAIDEN NAME
13. PATREX 3 NAME	
ASA (DECEASED) Asa B. VanHorn	Nora V. Drummond (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivewerordatesofservice)	INFORMANT Address
	PATIENTS CHART
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Partirical a	Neart Desire unlesson
IMMEDIATE CAUSE (a)	
DUE TO 7	No of During !
Conditions, if any, which geve rise to immediate cause	teat and unferteen
(e), stating the underlying DUE TO	
ceuse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
É.	YES NO X
2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in Part I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO COURSE OF DEATH TO CONTRIBUTING TO DEATH BUT NO COURSE OF THE CONTRIBUTING TO DEATH BUT NO COURSE OF THE CONTRIBUTION OF TH	
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hour a.m. WhilaNot While fact	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	10 June 1961, to 17 July 196/1, that (1) (we) las
saw the deceased alive on 17 Quely 1961 and that	death occured at 4.34M, from the causes and on the date stated above
22e. SIGNATURE	22b. DATE
I mich al Glicher N	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. The SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) L. MICHAEL GLICK, M.D.	126 N. SMALLWOOD ST., CUMBERLAND, MD.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	Date 3
Burial 17/20/61 Benedum Memo:	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATEJUL 1 9 '61 Cuttur 2. 1

ACSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

OF CHERAL DIRECTOR: After this certificate has been signed by the attending physician and concept filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. * O 등 요 VR A15 (4) TO 15M 9/60

AND THE STREET 5.67 over of the state A SECOND HEALTH DESCRIPTION OF THE SECOND SE 2000年 大学文学 2 51 Chi The transfer of the same ARREST TORY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O (But 190 big lend of one to the land of the lend (190 and 190) Vantriculas Todayand Wesmerter Heart Ten Les 434 12 The state of the s Colm J. Heror, Unwiderland, Nerriand Augustand Cost of Cost of Partiand

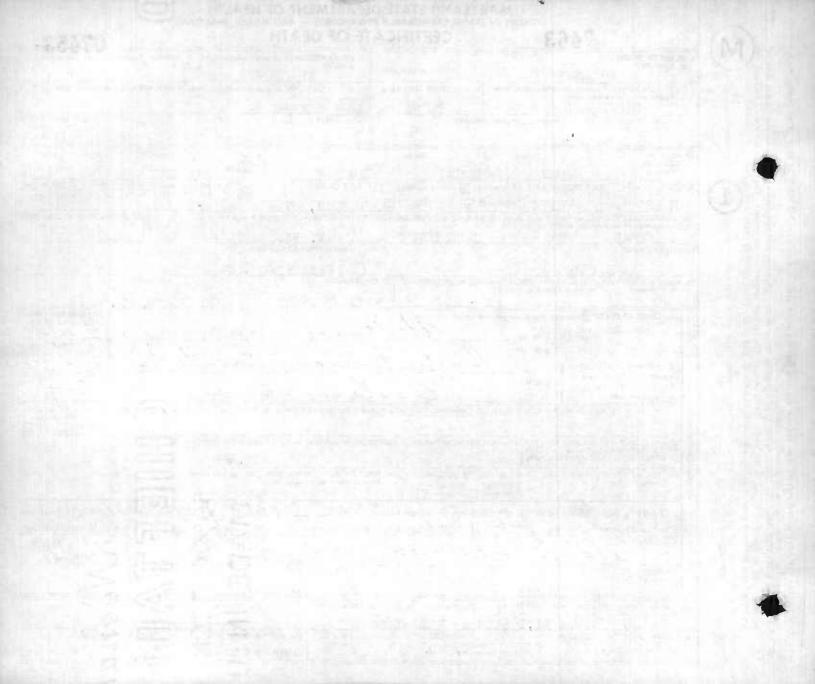
PLACE OF DEATH o. COUNTY

ALLEGA

33	CERTIFIC	CATE	OF DEATH	1			07	145	3
NY	MARYLA		. USUAL RESIDENCE (VO. STATE		d lived. If institution b. COUNTY		LEGA		ion)
rporote limits, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give near	rest town)
	40 YEARS		CUMBER:	LAND					
hospitol, give stree 民工	et oddress)		d. STREET ADDRESS	K STRE	94P			ON A	FARM?
First	Middle	-	Last	4. DATE	Mon	th	Day	, 1	Year
OHN A	RMONDALE	VEA	CH	OF DEATH	ing tak	Y	8	1	19 67
OR RACE 7. MA	RRIED X NEVER MARRIED	☐ B. [DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDE		- 1	
HITE WIDO	WED DIVORCED	II.	ПУ 12.1879		87 yrs.	Months	Doys	Hours	Min.
d of work done 10	b. KIND OF BUSINESS OR	INDUSTR		e or fareign c	country)	12.CIT	IZEN OF	WHATC	OUNTRY
	INSURANCE		WI VA.				ISA		
			14. MOTHER'S MAIDEN	NAME					
E			CHRISTI	NE HIGH	H				
RMED FORCES? 1.	6. SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
	217 20 5048	KAT	HRYN VEACH	(CHMRERLAN	D. MI).		3-3
only one couse per	line for (o), (b), and (c),		8				INTE	RVAL BE	
USED BY: E CAUSE (o)	The	de	ma				Z	IN IN	JEATH
DUE TO	Hiller	La	Solved	Re	sta	L	6	-	
(b)	15	5 7	1	1					1

b. CITY OR TOWN (If outside con RURAL and give nearest town) CUMBERLAND d. NAME OF HOSPITAL (If not in OR INSTITUTION 506 PARK STR NAME OF DECEASED (Type or print) 5. SEX 6. COLOR MALE W 10a. USUAL OCCUPATION (Give kinduring most of working life, eve SALESMAN 13. FATHER'S NAME ABEL VEAC 15. WAS DECEASED EVER IN U. S. Ilf yes, give w NO 18. CAUSE OF DEATH | Enter PART I. DEATH WAS CA Conditions, if ony, which gove rise to immediate couse (o), stoting the under-Cisternselve lying couse lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (I) (this hospital) attended the deceased fram 2000. 196/, that (1) (we) lost .M, from the causes and an the date stoted above. sow the deceased alive on and that death accurred at_ 22o. SIGNATURE 236. DATE SIGNED ATTENDING STAFF PHYS. MFD PHYS. DIRECTOR | M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CLAY DURRETT CUMBERLAND. MD. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) BURTAL PURGITTSVILLE,
REGISTRAR 256. REGISTRAR HIGH CEMETERY 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR BYRON KTGHT CUMBERLAND, MD. DATE 2 '61

15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7464 funeral within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Frostburg
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) a. IS RESIDENCE ON A FARM? Miners Hompital YES NO Y NAME OF First Middle DECEASED 23 19 61. (Type or print) DEATH GEORGE WADE COT 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 80 Months 1-29-1881 WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Frostburg. Mines U.S.A. Retired Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Enoch Wade Weinault Address Frostburg . Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service Mrs. Della B. Wade, R.D.#1, Box 69 (Shaft 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geva rise to immedieta cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR: saw the deceased alive on...... DATE 22e. SIGNATURE SIGNED MED. STAFF DIRECTOR PHYS. MERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) O F Burial Frostburg Memorial Park Frostburg
REGISTRAR 256. REGISTRAR'S SIGNATURE Md. Fune Tal' Home VR A15 (4) arthur S. Thousa 15M 9/60 Frostburg Md

RYLAND STATE DEPARTMENT OF HEALTH

16 A. you do not feriguou aseail Trans the sound (Shart) ALDER SEE TO THE SEE SEE SEE THE CAMPE OF THE Fronting, No. Some Tabo THE THIRD LOCK Hans 817-09-5687 Mrs. Della B. Wade, I. D. M. Cox Of Chart

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7465 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland Allegany b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) 2 mos., 25 das Cumberland P d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS 445 Cumberland Street RETREAT SYLVAN NAME OF First 4. DATE Middle Last Month Anna Webster July (Type or print) Margaret DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Female White Months WIDOWED [DIVORCED T Apr. 30, 1884 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Retired School Teacher Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Webster Annie C. Voekel move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 445 Cumberland Street, Miss Sarah Webster no Cumberland, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour a. m Not while at wark ot work p. m. 21. I certify that I attended the deceased from Alan, , 19 /s (, that I last saw the deceased 19.6/___, and that death accurred at 100 UQM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) D PHYSICIAN'S 49 Greene St., L. B. Mathews. M.D. Cumberland, Md. NAME [Type] 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

VS A15 (4) 15M 10/57

Ruth E. Silcox

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

ADDRESS Cumberland

Maryland

Rosehill Cemetery

24a, REC'D BY REGISTRAR DATE JUL 1 7 '61

Cumberland

24b. REGISTRAR'S SIGNATURE

Circhar & Kraus

Marvland

07455

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Day

Doys

ON A FARM?

YES NO P

Year

1961

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	Townson Townson		
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	get amende to be a little		
		Alterday Popular	

in by the funeral directar, and 2 should be filed with

may cerained by the haspital ar attending physician.

FL. JAL DIRECTOR: After this certificate has been signed by the attending physician and campletely finding by the attending physician and campletely finding a standard far use as the burial-transit permit. Then please remave carban papers. Page 9 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page 18 shauld be detached far use as the burial, are material, and in any event within 72 haurs after deather State Baard of Health priar to burial, are material.

TO FU

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07456

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION THAT St. Ext.	address)	d. street address Pratt St.	Ext.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Bertha Frieda	Middle	hisner lost	4. DATE Mon July	1h Day Year 11 19 61
S. SEX Female 6. COLOR OR RACE WIDOWE		B. Date of Birth June 7, 1905	9. AGE (In years last birthday) 56 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Waittress R	kind of Business or Indus	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Ball		14. MOTHER'S MAIDEN N	Clark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Glenn Whisner	-Luke	ress
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave rise ta immediate couse (a), stoling the under: lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Empolus NOT RELATED TO THE TERMIN		ONSET AND DEATH ONSET AND DEATH PRICE (EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES □ NO
	Not while foo	D. (Enter noture of injury in P ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (Cily or lown)	(County) (Stote)
21. I certify that (I) (this haspital) attend saw the deceased alive on	led the deceased fram	M.D. ATTENDING MEPHYS. 22d. ADDRESS	M, fram the causes an	d an the date stated abave. TULY 12 FISHED Trust William Trust William Trust William Trust William To county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Nesternport, Mo		BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

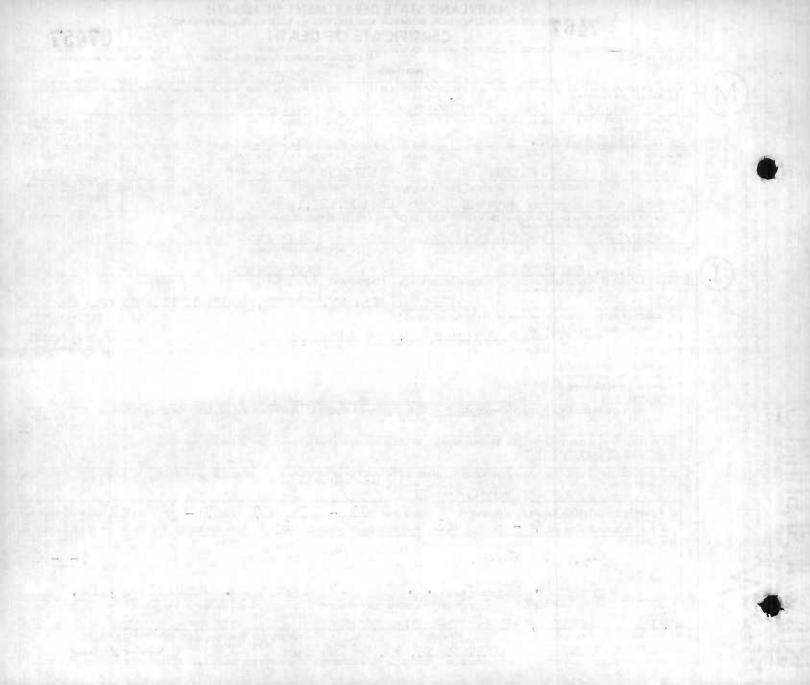
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MARYLAND STATE DEPARTMENT OF HEALTH OF THE PROPERTY OF THE PR

07457

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	nere deceased liv		on: Residence l	before admis	sion)		
	ALLEGANY	MARYLAND	MARYI	LAND	b. COUNTY	ALLE	GANY			
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 6 WEEKS		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in haspital, give of INSTITUTION	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?			
	715 MARYLAND AVE.	NATION	NATIONAL HIGHWAY							
	3. NAME OF First Middle DECEASED		Losi 4. DATE Month				Day Year			
	(Type or print) MAYM	E	TEGAND DEATH		JULY 4		19 61			
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1 Y	-	1		
	FEMALE WHITE WI	DOWED DIVORCED	OCT. 27,1888		72 yrs.	Months Do	ys Haurs	Min.		
	10a. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) during most of working life, even if retired)							12. CITIZEN OF WHAT COUNTRY?		
	HOUSEWIFE	OWN HOME	MARYTA	AND		TT	SA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	J. A. HENDRICKSON MARY GORDON									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) (If yes, give wor or dates of service	7 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address							
	NO		RS. WM. ODGERS	S. ROTTE	2. FLT	NTSTON	E. MD.			
	18. CAUSE OF DEATH [Enter only one cause		INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Coronary Heart Disease						4 Vears			
	IMMEDIATE CAUSE (6) COTONATY HEART DISEASE 4 YEARS									
	Canditions, if ony, which)									
	gove rise to immediate (DIFT)									
	lying couse last.									
-	YES NO 📆									
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.)									
		La La	LACE OF INJURY (Home, form		town)	(Cou	nty)	(Stote)		
	Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. 19 ot work ot wark									
	21. I certify that (I) (this haspital) attended the deceased from 11 - 29 , 1957, to 7 - 14 , 1961, that (I) (we) last									
	saw the deceased alive an 7 - 4 1951, and that death accurred at 20 M, from the causes and on the date stated above.									
	220. SIGNATURE	and mark	dediti decorred di 222	, ivi, it dill the	e caoses an	a on me a		b. DATE		
	Reeffe Lu. Breeze, M.D. ATTENDING MED. STAFF PHYS						7-6	-61		
	22c. PHYSICIAN'S NAME (Type)									
H	Ralph W. Ba	allin, M.D.	62 Green	e St. (Cumber	land.	Md.			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			N (City, tawn, a		(Sta	ite)		
	BURIAL JULY 7.196	ROSE HILL CI	EMETERY	CITME	BERLAND.	MD				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAL		TRAR'S SIGN	ATURE			
	BYRON KIGHT	CUMBERLAND, MD.	DATE	ANT 1 0.9	0	Withun S.	time			
1										

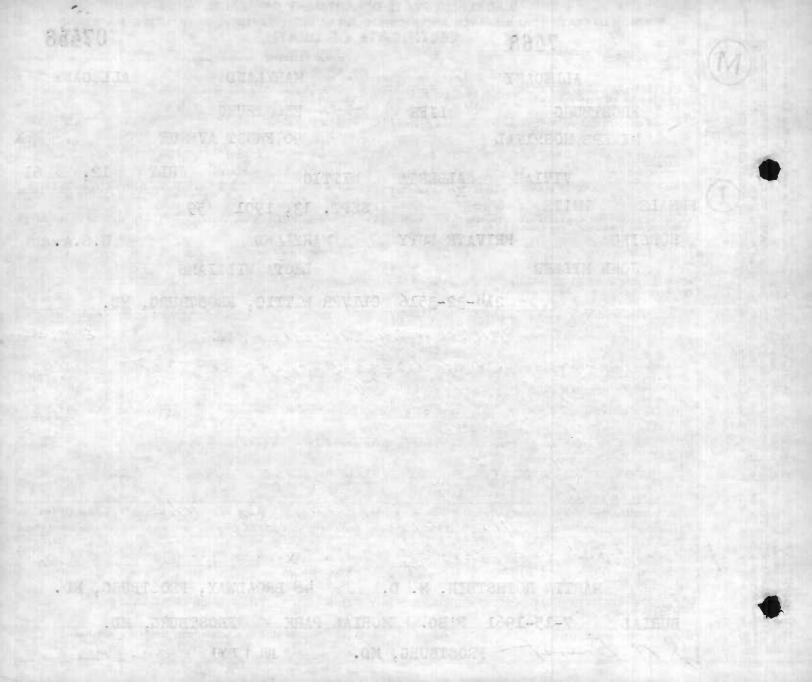
VR A15 (4) 15M 9/59



15M 9/60

	7468	CERTIFICAT	E OF DEATH	1	07458			
1. PLACE OF DEAT	н		2. USUAL RESIDEN	CE (Where deceased lived, If in	stitution: Residence before admission)			
e. COUNTY	ALLEGANY	MARYLAND	a. STATE MARY	LAND b. COUNT	ALLEGANY			
write RURAL end	(if outside corporate limits, d give neerest town) STBURG	c. LENGTH OF STAY IN 16	1	If outsida corporata limits, writa I	RURAL and give nearest fown)			
	TAL OR INSTITUTION (if not in ERS HOSPITAL	hospital, give street eddress)	d. STREET ADDRESS	FROST AVENUE	e. IS RESIDENCE ON A FARM YES NO			
3. NAME OF DECEASED (Type or print)	First VTVT AN	Middle AT.BERTA	WTTTTG	4. DATE Month OF DEATH JULY	Dey Yeer 12. 19 61			
5. SEX	6. COLOR OR RACE 7. MAI		. DATE OF BIRTH	9. AGE (In yeers	F UNDER 1 YEAR IF UNDER 24 HRS.			
FEMALE	WHITE WIDO	WED DIVORCED	SEPT. 13,	last birthdey) 59 yrs.	Months Deys Hours Min.			
done during most of wa	FION (Give kind of work orking life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
NURSING PRIVAT		IVATE DUTY	MARYLA I	7 60	U.S.A.			
JOHI	N MILLER							
V 0.11.				A WILLIAMS				
(Yes, no, or unkown) (If yes give were rdates of service)	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address				
	2	14-32-3516 0	LIVER WITT:	IG, FROSTBURG	MD.			
18. CAUSE OF I	DEATH Enter only one couse p	er line for (a), (b), end (c).]	- 1		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:								
MMEDIATE CAUSE (e) / Cle Carte Carelliana force								
Conditions, if any	1 Gring							
geve rise to immediate cause (e), stating the underlying DUE TO								
ceusa last.	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	AT DELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19, WAS AUTOPSY			
CATIO	PERFORMED? YES NO							
20a. ACCIDENT WAS WNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While p.m. 19 et work et work et work								
21. I certify that (I) (this hospital) attended the deceased from GCT. 1969, to 7/12, that (I) (we) last								
saw the deceased alive on								
22b. DATE								
MAN PURSON OCCUPATION M.D. PHYS. M.D. DIRECTOR PHYS. DIRECTOR PHYS.								
22c. PHYSICIAN'S								
MARTIN ROTHSTEIN, M. D. 48 BROADWAY, FROSTBURG, MD.								
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)								
REMOVAL (Specify)				FROSTBURG				
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE			
J. 19. 2	rest	FROSTBURG, MI	DATE J	UL 17'61 C	thing & King			
					4 1			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7469

07459

)		LACE OF DEATH				2.	USUAL RESIDENCE	Where decease			ice before	admission)
/		Allegany			D	o. STATE Maryland b. COUNTY Allegany						
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			Cumberland Route #3 Bedford Road d. STREET ADDRESS o. IS RESIDENCE								
	Route #3 Bedford Road			ON A FARM? YES NO								
	3. 1	NAME OF DECEASED		rst	Middle	-	Lost	4. DATE	Mo	onth	Day	Yeor
		Type or print)	Willia	am	Freddie	Ze	mbower	DEATH	Jul.	V	20	19 61
	5. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.
		Male	White	WIDOWE	DIVORCED	A	ugust 16,1	L900	60 yrs		Days	lours Min.
	10a.	. USUAL OCCUPATIO during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sh	ate or fareign	country)	12. CIT	IZEN OF W	HAT COUNTRY?
		Reti	1 0				Penna			U	S.A.	
	13. FATHER'S NAME			1	14. MOTHER'S MAIDEN NAME							
)	William	P. Zembow	er			Virgie	Ressle	r			
1		WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	7. INFOI	RMANT		Ad	edford	Pose	1 D+ #2
/		No	702, 910 401 01 00100 01	21	4- 87- 0468	Mrs	. Bernadir	ne Zemb		umberl		Marvian
			TH [Enter only one co	ouse per lin	ne for (a), (b), and (c).		0	1 /	10		LINTERV	AL BETWEEN
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH										
		HMMEDIATE CAUSE (o) DUE TO DUE TO										
		Conditions, if ony, which)										
		gove rise to immediate										
	cause (o), stating the <u>under-</u> lying cause lost.											
	z	/ (0)										
	CATION											PERFORMED?
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)										
	S	20c. TIME OF INJURY	' Manth, Day, Ye	ar 20d. IN	NJURY OCCURRED 20e.		OF INJURY (Home, f		por town)	.(County	<u> </u> Stote
	MEDI	Hour o. m. While Not while of work of										
	~	2/2/										
	21. I certify that (1) (this hospital) attended the deceased from 2/3/5/7.19 to 7/26/61. 19, that (1) twe lost											
	0	saw the deceased olive on 19, and that death occurred of and, from the couses and on the date stated above.										
		RICHARD J. MILIAMON D. ATTENDING MED. STAFF SIGNED										
		22c PHYSICIAN'S 22d. ADDRESS										
		NAME (Type)	Richard	J.	Williams,	M.D	122	S.Cen	tre Str	eet C	umb.	Md.
	23a	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREG	OF	23c. NAME OF CEMETER	Y OR CI	REMATORY	23d. LOC/	ATION (City, town	, or county)		(State)
	-	Burial	7/22/61		Sunset Mem	oria	1 Park	Cumb	erland		rland	
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			EC'D BY REGIS	STRAR 25b. REC	SISTRAR'S ST	GNATURE	
		Ruth E.	Silcox	Cumbe	rland Mary	land	DATE	DL 25 '6	61 a	thun S.	time	

